

Maple Oaks West Owners Association, Inc.
Application for Architectural Review Committee

Mail, Fax or Email Request To:
NFI Property Management Solutions LLC, 7139 N 9th Ave, Suite P, Pensacola, FL 32504
Phone (850) 484-2684 Fax: (850) 474-3551
Email: Compliance@nfipms.com

OWNER PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR OBTAINING ANY REQUIRED PERMITTING, OBSERVING ALL EASEMENTS AND SETBACK AND ADHERING TO ANY LOCAL, STATE AND FEDERAL LAWS. ALSO, IF PERMITS AND INSPECTIONS ARE REQUIRED, PLEASE PROVIDE PROOF OF PASSED INSPECTION UPON COMPLETION OF PROJECT

Address _____ Application Date _____
Owners Name _____ Telephone _____
Mailing Address (if different) _____
Email: _____

Improvements (check all that apply)
_____ Fence _____ Shed _____ Pool _____ Satellite dish _____ Screened room _____ Driveway change
_____ Gutters _____ Landscaping design _____ Sprinkler system _____ Roof _____ Pool
Other (explain) _____

If required, have you applied for the proper permits from all government agencies? YES / NO
Estimated Start Date _____ Estimated Completion Date _____

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location on lot, and any other pertinent information (refer to your CCR's) required by the committee to make a decision. Attach a copy of the lot survey (included in your closing documents); elevation plan and site-clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed, or attach additional sheets and picture if available. APPLICATION'S CANNOT BE SUBMITTED TO THE ARC WITHOUT ALL ABOVE REQUIRED INFORMATION.

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Maple Oaks West Homeowners Association, Inc. You will be notified in writing of the decision of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury, or claim that may arise from the change in the property.

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances, setbacks and adhering to any local, state and federal laws. Also, if permits and inspections are required, please provide proof of passed inspections upon completion of project. If approved by the association, I agree to make the changes exactly as stated under the terms, conditions and specifications as described in the approval. All improvements must be on my property or property lines. If any portion of the Association's property is disturbed or damaged by either myself, or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant: _____ Date: _____

To be completed by Architectural Review Committee:

Date Received _____ Received By _____
Date Processed _____ Date Mailed _____

_____ Approved _____ Disapproved _____ Conditional Approval-Condition: _____

Signatures of Architectural Control Committee:

