

Camelot Village Homeowner's Association, Inc.  
c/o Alsop Property Management  
P.O. Box 1389 St. Augustine, FL 32085  
(904) 647-2619 phone x104 / (904) 647-2617 fax  
[jr@alsopcompanies.com](mailto:jr@alsopcompanies.com)

**ARCHITECTURAL REVIEW REQUEST FOR PROPERTY IMPROVEMENT**

This request form is to be completed by the homeowner and submitted for approval BEFORE any proposed work commences

Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Lot # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

What Type of Proposed Improvement:

\_\_\_ Fence \_\_\_ Siding \_\_\_ Pool/Hot Tub \_\_\_ Exterior Painting \_\_\_ Deck/Patio/Enclosure \_\_\_ Outbuilding  
\_\_\_ Other (Please Provide Details)

For your application to be complete, please provide us with the following information as applicable:

1. Please provide a complete description of your project/improvement, being as detailed as possible.
2. Type of materials to be used and sample colors if applicable
3. Drawings, brochures, photos, etc.
4. Copy of most recent **certified lot survey** showing location of proposed improvement/project
5. If repainting, you must provide sample swatches of paint color choices (obtain from paint store) color of roof, and brick or accent masonry colors
6. Roof Replacement must submit information on shingle, brand, type, etc., along with color swatch (picture) of shingle.
7. If having a pool installed, you must indicate what type of access you plan to use for trucks, equipment, etc. in order to reach your backyard.
8. Any damage to sidewalks, curbs, roads, grasses and common grounds of **Camelot Village Homeowners Association Inc.** will have to be restored to its current condition and will be the responsibility of the homeowner making this request.

NOTE: *It is the responsibility of the Homeowner/Contractor to secure all necessary permits from St. Johns County and comply with the Local Building Codes for setbacks from property lines, retention ponds, existing structures, easements and safety requirements. Please include a copy of the permit with Architectural Review Request.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Only the homeowner of record may request architectural approval. Approved projects must be substantially completed within 3 months or you must resubmit once commenced. The approved construction must proceed diligently.*

**ARCHITECTURAL REVIEW BOARD USE ONLY**

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

ARB:  Approved  Denied Date \_\_\_\_\_

ARB Member Initials: K. Satkowiak \_\_\_\_\_ L. Slamka \_\_\_\_\_ V. Zoltowski \_\_\_\_\_

Final inspection by member of ARB for compliance of project. If not in compliance with original approval, an ARB meeting will be held to discuss corrections. (Date of meeting will be advised)

Date \_\_\_\_\_ Member \_\_\_\_\_

ARB Comments: \_\_\_\_\_

NOTE: THIS APPROVAL IS FOR ARCHITECTURAL REVIEW REQUEST ONLY. IT DOES NOT OVERRULE ANY LOCAL, STATE OR FEDERAL GUIDELINES OR PERMITS REQUIRED FOR THE DESIRED CONSTRUCTION. IT IS THE LOT OWNER'S RESPONSIBILITY TO OBTAIN AND COMPLY WITH SUCH. **YOU ARE UNDER A LEGAL OBLIGATION TO COMPLY WITH ALL RECORDED COVENANTS AND RESTRICTIONS AFFECTING YOUR PROPERTY.** THE ARCHITECTURAL COMMITTEE REVIEW OF YOUR PLANS WAS LIMITED TO THE ASSOCIATION'S ARCHITECTURAL REVIEW GUIDELINES. THIS LETTER DOES NOT CONSTITUTE A WAIVER OF THE ASSOCIATION'S OR OTHER PARTIES' RIGHT TO LEGALLY ENFORCE ALL PROVISIONS OF THE COVENANTS AND RESTRICTIONS WITH WHICH YOU MUST COMPLY.