

ARB Request for Approval (Ashley Oaks of St Johns, FL)

Name of Homeowner(s): _____ Lot # _____

Contact Information: Phone: _____ Email: _____

Property Address _____ and Lot # _____

Indicate Request Type: Check any that apply

Detached Building: ___ Accessory/Storage Shed ___ Fence ___

Screened Enclosures ___ Wells/Pools/Tanks ___ Other _____

Description of the Project:

Location on Property: Attach survey

Size: Height/Width/Length _____ Color: _____

Materials: _____

ALL REQUESTS must include the following documentation (where applicable)

- * All plans, drawings, pictures, etc... along with color samples as appropriate
- * Site survey showing the location of the improvement or request
- * Owner assumes all liability, damages, cost, etc. in regard to this request
- * Owner is responsible for obtaining all county/state permits and approvals where required
- * ALL requests must be approved by the ARB/BOD **BEFORE** any work may begin
- * Requests must be signed and dated, and work completed within one calendar year.
- * Your signature below serves as consent for possible inspection/review by a member of the ARB to confirm compliance with the approved plans and specifics within 30 days of completion.

Homeowner signature _____ Date: _____

Submit all requests to: Ashley Oaks of St Johns County ARB C/O

ALSOP Property Management LLC

PO Box 1389

St. Augustine, FL 32085 (904) 647-2619

Email to: kr@alsopcompanies.com (Kayla Rinker)

To be completed by ARB upon review:

Homeowner: _____ Lot # _____

Date received: _____ Date action taken _____

Approved _____ Not Approved _____

Any Contingencies? No _____ Yes _____ if yes, please list:

ARB Representative

Signature: _____ Date: _____

Results of Inspection/Review of Compliance where applicable:

Date project completed: _____

Status: In Compliance _____ Not in Compliance _____

Action Taken if not in Compliance _____

Reviewed by ARB or BOD _____ Date _____