

# Mission Trace ARB Application

To: Mission Trace Homeowners Association, Inc.  
c/o Alsop Property Management  
P.O. Box 1389  
St. Augustine, FL 32085  
(904) 647-2619 phone / (904) 647-2617 fax  
[as@alsopcompanies.com](mailto:as@alsopcompanies.com)

From: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lot # \_\_\_\_\_ Date \_\_\_\_\_

**Type of Proposed Improvement (circle below):**

1. Fencing
2. Pool
3. Room Additions
4. Rear Enclosure
5. Irrigation Modifications
6. Exterior Color Change
7. Landscaping and Decorative Items (sculptures, fountains, etc.)
8. Satellite Dish (Note: detailed measurements describing the size of the dish and where it will be installed is required)
9. Other: \_\_\_\_\_

*A site plan is required for 1-5 above detailing the location of the proposed improvements.*

Please describe improvement:

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