

ARCHITECTURAL IMPROVEMENT APPLICATION

Submit to: Etheridge Property Management

Email: epm@epmfl.net

Fax: 850-484-2925

*Association Name: _____

*Property Owner: _____ *E-mail: _____

*Property Address: _____

Proposed Improvement: (Description)

Improvements meet codes: ()Yes () No Contractor Licensed: ()Yes ()No

Building permit required: ()Yes ()No

(If so, have obtained): ()Yes ()No

Dimensions: (if applicable)_____

Color: _____ (if applicable)

Location: _____ (on home/property)

A diagram of all improvements must be attached to the application showing location and dimensions. Please reference property lines when applicable. A drawing should accompany application – see form attached.

INTERNAL USE

Date Board/ARB Rec'd: _____ Rec'd By: _____

Date of Inspection: _____ Inspected By: _____

Date Approved: _____ Date Denied: _____

Approved with conditions:

ARB/Board Signatures:

