

BROOKWOOD AT NOCATEE

Architectural Review Board (ARB)

Please provide the following information for approval:

1. Completed Submittal Form
2. Applicable site plan with improvement location marked, photograph or product specifications
3. Color samples
4. Written description of desired improvements

Submit all plans and information to the management company located at:

Brookwood Architectural Review Board
c/o BCM Services, Inc.
920 3rd Street, Suite B
Neptune Beach, FL 32266
Phone (904) 242-0666
Fax (904) 242-0670
E-mail: arc@bcmervices.net

Community Name: Brookwood Homeowners Association, Inc.
A Deed Restricted Community

ARCHITECTURAL REVIEW COMMITTEE SUBMISSION FORM

Any modifications to your property must be submitted to the Architectural Review Committee for approval *PRIOR* to any work or modifications being constructed on your property. Please allow two to four weeks for complete processing. Include complete descriptions, dimension, style, type drawings, materials being used, colors, etc. The more information you can provide will help to expedite your application. **Please attach a copy of final boundary survey showing the location of improvement in relation to other structures and having lot lines marked. Survey should be marked with x's plotting the location of fences.**

Date Submitted _____ Phone # _____ Fax # _____

Owner _____ E-mail: _____

Property Address _____ City Ponte Vedra Zip 32081

Lot # _____ Unit # _____ County St. Johns

Mailing Address if different from above: _____

LAKEFRONT LOT: *Yes or No*

CORNER LOT: *Yes or No*

Contractor _____ Phone # _____ Fax # _____

ITEMS FOR REVIEW

_____ Building Elevations
_____ Color Selections
_____ Doors
_____ Drainage Plan
_____ Fence
_____ Floor Plan

_____ Landscape Plan
_____ Mail Box
_____ Structural Addition
_____ Swimming Pool
_____ Windows
_____ Shed

Other: _____

Homeowner Comments – Attach or state specific material list, color samples, picture or rendering.

Homeowner is responsible for compliance with all applicable city ordinances and permits if application is approved.

FOR OFFICE USE ONLY

DATE RECEIVED	DATE APPROVED	DATE DENIED
DATE OF LETTER	DATE OF SIGNATURE	DATE MAILED

Return to:

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