

LINDSEY'S CROSSING OWNERS ASSOCIATION, INC.

c/o Watson Association Management

1410 Palm Coast Pkwy NW

Palm Coast FL 32137

PH: (386) 246-9270 FAX: (386) 246-9271 Email: suewilson@watsonrealtycorp.com

ARCHITECTURAL REVIEW REQUEST FOR PROPERTY IMPROVEMENT

Date submitted: _____ Phone # _____

Owner's name: _____

Property address: _____ Lot # _____

Owner's mailing address (if different) _____

What type of improvement are you requesting? Fence _____ Pool _____ Room Addition _____
Color change _____ Other _____ (please specify) _____

Please provide the following information:

1. Complete description of project/improvement
2. Type of material to be used and color if applicable.
3. Drawings, pictures, brochures, etc.
4. Copy of most recent lot survey showing the location of the improvement.
5. If repainting with color change, supply old color of trim and wall, samples of new colors, color of brick or masonry.
6. If having a pool installed, indicate on your survey what access is to be used for trucks and equipment to your backyard.

Please provide a complete description of your project/improvement. Be as detailed as possible.

Note: : Any permits required by any governmental agency are still required. Project must be completed within thirty (30) days after work is begun. It is the owner's responsibility to ensure compliance with city building codes.

Owner's signature: _____

Approved _____ Denied _____ Date of Review: _____

Conditions of approval: _____

Only the homeowner of record may request architectural approval.

If you, the homeowner, are not satisfied with the decision of the A.R.B. you may have 30 days from the date of review to appeal the decision in writing to the Board of Directors.