

FLORIDIAN HOMEOWNERS ASSOCIATION
Application for Architectural Control Committee Review
5133 Cocoa Drive
Pensacola, FL 32526
Phone: 850-723-8486

Address _____ Application Date _____
Owners Name _____ Telephone _____
Mailing Address (if different) _____
Email (Optional) _____

Improvements (check all that apply)

____ Fence ____ Shed ____ Pool ____ Satellite dish ____ Screened Room ____ Driveway change
____ Gutters ____ Landscaping design ____ Sprinkler system
Other (explain) _____

If required, have you applied for the proper permits from all government agencies? YES / NO

Estimated Beginning Date _____ Estimated Completion Date _____

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location, and any other pertinent information needed by the committee in order to make a decision. Attach a copy of the lot survey (included in your closing documents), elevation plan, and site-clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed, or attach additional sheets. Attach picture if available.

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Floridian HOA. You will be notified in writing (or email) of the decision of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise from the change in the property.

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the association, I agree to make the changes under the terms and conditions as specified in the approval. All improvements must be on my property or property lines. If any portion of the Associations property is disturbed or damaged by either myself, or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant _____ Date: _____

To be completed by Architectural Review Committee:	
Date Received _____	Received By _____
Date Processed _____	Date Mailed _____
____ Approved ____ Disapproved	
Signatures of Architectural Control Committee:	
