

SHADY DELL RIVERVIEW SOUTH OWNERS ASSOCIATION. INC
3150 N. HARBOR CITY BLVD. BOX 100 MELBOURNE, FL. 32935

Architectural Review Form

This request form is to be completed and submitted by unit owners only.

INSTRUCTIONS:

Do not submit multiple requests on a single form. Use a separate form for each type of change being requested. For example, if you are requesting approval for both hurricane shutters AND window replacement, submit a separate form for each request.

Please first refer to applicable Shady Dell Riverview South's Association guidelines before submitting a change request. Changes/modifications must conform to governing documents and guidelines and must be approved by the Association Board of Directors (BOD)

All requests must conform to all local zoning and building regulations. Before any work can begin, the owner must obtain all the necessary permits and provide copies of the necessary permits to the BOD. Upon completion of work, copies of closed permits must be provided to the BOD to also close the ARC file. Your contractor should provide you with a copy of your open permit when starting and a final copy of the closed permit when work is complete.

Submit one (1) copy of this form and provide a detailed description of the request in the area provided on the form. Attach all relevant information to support your request, e.g. plans from contractor or vendor, drawings or sketches, measurements, product samples, color samples, brochures, images, photographs, etc. Processing will not be complete until the homeowner has submitted all information requested by the BOD.

Forms must be submitted either by e-mail or placed in BOX 100 by the clubhouse. E-Mail SDRVSBOARD@gmail.com.

Allow 7-10 business days for responding to your application.

An approval notice must be issued by the BOD before any work may begin.

If approved, all costs related to the change request will be at the unit owner's expense.

ARCHITECTURE CHANGE REQUEST (ACR)
FORM

UNIT OWNER NAME

DATE OF REQUEST

PROPERTY ADDRESS

Street

Unit#

City

State and Zip Code

MAILING ADDRESS if different from property address)

Street

Unit#

City

State and Zip Code

UNIT OWNER PHONE

Home

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Cell

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UNIT OWNER E-MAIL ADDRESS

ARCHITECTURAL REVIEW COMMITTEE (ARC)

Request to change: Choose one (1)

- Windows/Doors
- Glass Enclosure
- Screen Enclosure
- Storm Doors
- Storm/Hurricane Shutters
- Other (please specify):

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Board Member Signatures

- Approved
- Disapproved
- Return for more info

