



Confederate Crossing Homeowners Association

P.O. Box 37592 · Jacksonville, FL · 32236-7592 · www.confederatecrossing.org

ARCHITECTURAL REVIEW BOARD PROPERTY IMPROVEMENT REQUEST

Date Submitted: _____ Name: _____

Address: _____

Phone: _____

Email: _____

Approval of Improvement

Except as originally constructed by the Developer, no building, fence, wall or other structure or landscape shall be commenced, erected or maintained upon any Lot nor shall any exterior addition to or change or alteration therein be made, including without limitation, exterior painting, until the plans and specifications showing the nature, kind, shape, height, materials, exterior color (including paint color), and location of the structure with respect to topography and finished grade elevations, shall have been submitted to and approved in writing as to quality of workmanship and materials, conformity and harmony of external design and location in relation to surrounding structures and topography and finished grade elevations, by the Architectural Review Committee.

To expedite the approval process, homeowners are encouraged to email completed ARB forms AND SUPPORTING DOCUMENTATION to the CCHOA email address ConfederateCrossing@yahoo.com. If supporting documentation consists of large architectural drawings that are not available electronically, contact the association via email to arrange delivery to the ARB committee.

** Nature of Request (description, location, materials, color, etc.):

Homeowners Signature: _____

** **SUPPORTING DOCUMENTATION:** Attach a copy of your property survey indicating the location of proposed improvement (offset) in relation to lot lines and existing structures on your property. Include a drawing or picture of structure/improvement including material type, color, and dimensions.

NOTE: HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ANY REQUIRED PERMITS INDEPENDENT OF ARB APPROVAL. ARB APPROVALS EXPIRE ONE YEAR AFTER APPROVAL DATE.



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Homeowner Name: _____ Improvement: _____

Official Board use Below _____

Received Date: _____

Approve Date: _____

Approve with Exceptions* Date: _____ ***See Exceptions Below**

Expiration Date: _____
(GOOD FOR ONE YEAR OF APPROVAL DATE)

Disapprove Date: _____

ARB Comments: _____

Exceptions:

ARB Committee Signatures:
