**EAGLE RIDGE HOMEOWNERS ASSOCIATION of PENSACOLA, INC**

Application for Architectural Review Committee

Mail, Fax or Email request to:

NFI Property Management Solutions LLC

4400 Bayou Blvd., Suite 35 Pensacola, FL 32503

Phone: (850) 484-2684 Fax: (850) 474-3551

compliance@nfipms.com & beckyb0814@att.net

Address Application Date

Owners Name Telephone

Mailing Address (if different)

Email \_\_\_\_

Improvements (check all that apply)

\_\_\_\_\_Fence \_\_\_\_\_Shed \_\_\_\_\_\_ Pool \_\_\_\_\_\_Satellite dish \_\_\_\_\_\_Screened room \_\_\_\_\_\_Driveway change

\_\_\_\_\_\_Gutters \_\_\_\_\_\_Landscape design \_\_\_\_\_\_Sprinkler system \_\_\_\_\_\_Roof \_\_\_\_\_\_\_

Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 (refer to your CCR’s) 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. *APPLICATION’S CANNOT BE PROCESSED WITHOUT ALL REQUIRED INFORMATION ABOVE REQUIRED INFORMATION.***

Please refer to your covenants and restrictions located at [www.eagleridgehoa.net](http://www.eagleridgehoa.net) for guidelines on what is and is not permitted in Eagle Ridge Homeowners Association. You will be notified in writing 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 \_\_\_\_\_\_\_Conditional Approval-Condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signatures of Architectural Control Committee: