## WINDWARD RANCH HOA ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION MAIL APPLICATION TO: 571 Market St, St. Augustine, FL 32092

OFFICE: (904) 222-8132 EMAIL: ARBstjohns@lelandmanagement.com

u					
operty Address					
ailing Address		City		State	Zip
hone(s) Home	Other		Ema	nil	
n accordance with t		, Conditions and Restrictions a			
hereby request your	consent to make the following	changes, alterations, renovation	ns and/ or additions to	my propert	y.
) Fence	( ) Swimming Pool	( ) Lawn Ornament	( ) Patio	()	Screen enclosure
) Exterior Color	( ) Landscaping ( ) Lawr	Replacement () Other_			
escription:					
ttach one (1) copy	of the property survey that s	shows the locations of the prone (1) color sample, if applica	oosed change, alter	ation, renov	ation or addition
HEREBY UNDERS	STAND AND AGREE TO THE	FOLLOWING CONDITIONS			
date to contracto  2. All work was residents  4. I assume result from the work was required to connected the work was reconnected to the work was required to the work was reconnected association.	omplete the work. If not, will be done expeditiously or or myself. will be performed timely a all liability and will be reson performance of this work with this work. The conduction with the in connection with the leipt Leland Management, on may take up to 30 days	proval is received from the then you must reapply for once commenced and will and in a manner that will me ponsible for any and all dark. It of all persons, agents, coth all applicable federal, statis work. I will obtain any reference will forward the ARE I. I will be notified in writing the FOR FOLLOWING THE	ARB approval. be done in a profinimize interferent mages to other local laws, ecessary governments Application to the police of the application of the application of the application of the application and the application is the application of the application to the application t	essional m ce and inc cs and / or ractors and codes, req nental perm ne Associa ation is eith	anner by a licensed onvenience to other common area, which med employees who are gulations and nits and approval for tion. A decision by the ter approved or denied.
	NG ANY EXTERIOR MODI				
Signature of Ow	ner(s):		Date:		
		Do Not Write Below	his Line		
his Application is	hereby: ( ) Approved	( ) Disappro	ved		
ate		_ Signature			
omments:					

Date Received from Owner \_\_\_\_\_\_ Mailed to Assn \_\_\_\_\_ Mailed to Owner \_\_\_\_\_