The Villas at Three Oaks ARCHITECTURAL (ARC) APPLICATION - Page 1 of 2

Owner's Name:		
Property Address:		
Email Address:		
Cell Phone:	Alternate Phone:	
	Instructions	
This form is to be used when app	olying for architectural approval. The work may not be	e started until approval is

obtained in writing. A separate form must be used for each request.

Please include such details as dimensions, materials, color, design, location, and other pertinent data in the space provided below. Failure to complete this section will result in your form being returned. Use additional paper if needed to complete the description. Attach lot survey, contractor's insurance, material samples, when required, and other required information. NOTE: "See attached" is not a sufficient description.

 WAR STATE	DESCRIPTION		

AGREEMENT

Approval is requested to make the modifications as described above and in the attachments. I agree to the following:

- 1. To abide by the decision of the Architectural Control Committee / Board of Directors;
- 2. If the modification is not completed as approved, said approval may be revoked and the modification removed;
- 3. I am responsible to pay for and repair any and all damages done to the Common areas as a result of the installation (Common area includes and Association-managed irrigation within my yard);
- 4. To comply with all state, county, and city building and electrical codes;
- 5. To obtain all necessary permits;
- 6. If modification is not completed 180 days after approval, a new ARC request must be submitted.
- The ARC Committee reserves the right to make a final inspection of the change to make sure it follows all guidelines and the requested scope of work.

I have read, understand, and agree to all of the above.

Date of Request:	Signature of Owner:	

*** FOR ASSOCIATION OFFICE USE ***

Date ARC Request Received:	Received By:	
Date ARC Request Approved:	Approved By:	
Date ARC Request Denied:	Denied By:	
Comments		

Comments:



THE VILLAS AT THREE OAKS COMMUNITY ASSOC., INC. c/o Elliott Merrill Community Management 835 20th Place, Vero Beach, FL 32960 772-569-9853

ARCHITECTURAL REVIEW COMMITTEE

When applying to the Architectual	Review Committee,	the following	Contractor	information
is REQUIRED:				

Copy of the Contractor's Business License.

Copy of the Contractor's Certificates of Insurance.

Including Liability Insurance and Workman's compensation.

The Certificates of Insurance MUST include the following current date.

10/19/23