

# ARB Request for Approval (Ashley Oaks of St Johns, FL)

Name of Homeowner(s): \_\_\_\_\_ Lot # \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address \_\_\_\_\_ and Lot # \_\_\_\_\_

Indicate Request Type: Check any that apply

Detached Building: \_\_\_\_\_ Accessory/Storage Shed \_\_\_\_\_ Fence \_\_\_\_\_

Screened Enclosures \_\_\_\_\_ Wells/Pools/Tanks \_\_\_\_\_ Other \_\_\_\_\_

Description of the Project:

\_\_\_\_\_  
\_\_\_\_\_

Location on Property: Attach survey

Size: Height/Width/Length \_\_\_\_\_ Color: \_\_\_\_\_

Materials: \_\_\_\_\_

ALL REQUESTS must include the following documentation (where applicable)

- \* All plans, drawings, pictures, etc... along with color samples as appropriate
- \* Site survey showing the location of the improvement or request
- \* Owner assumes all liability, damages, cost, etc. in regard to this request
- \* Owner is responsible for obtaining all county/state permits and approvals where required
- \* ALL requests must be approved by the ARB/BOD **BEFORE** any work may begin
- \* Requests must be signed and dated, and work completed within one calendar year.
- \* Your signature below serves as consent for possible inspection/review by a member of the ARB to confirm compliance with the approved plans and specifics within 30 days of completion.

Homeowner signature \_\_\_\_\_ Date: \_\_\_\_\_

Submit all requests to: Ashley Oaks of St Johns County ARB C/O

**ALSOP Property Management LLC**

**PO Box 1389**

**St. Augustine, FL 32085 (904) 647-2619**

Email to: [kr@alsopcompanies.com](mailto:kr@alsopcompanies.com) (Kayla Rinker)

**To be completed by ARB upon review:**

Homeowner: \_\_\_\_\_ Lot # \_\_\_\_\_

Date received: \_\_\_\_\_ Date action taken \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Any Contingencies? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

ARB Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Results of Inspection/Review of Compliance where applicable:

Date project completed: \_\_\_\_\_

Status: In Compliance \_\_\_\_\_ Not in Compliance \_\_\_\_\_

Action Taken if not in Compliance \_\_\_\_\_

Reviewed by ARB or BOD \_\_\_\_\_ Date \_\_\_\_\_