

**For Management Use Only**  
Date Rec'd: \_\_\_\_\_  
By: \_\_\_\_\_

**RIVER POINT COMMUNITY ASSOCIATION  
ARCHITECTURAL REVIEW REQUEST FORM**

1639 Beach, JACKSONVILLE BEACH, FL 32240

**Email, Fax, or Mail  
completed form to:**  
Email: [info@rivercitymgmt.com](mailto:info@rivercitymgmt.com)  
Fax: 904-483-2130  
Mail: PO Box 50886  
Jacksonville Beach, FL 32240

Owners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address (if different from property): \_\_\_\_\_

What type of project/improvement are you requesting?  Fence  Siding/ Pool/Hot Tub  Exterior Painting  
 Deck/Patio/Enclosure  Outbuilding  Trash and/or Recycle can screening / enclosure  
 Other (provide details): \_\_\_\_\_

For your application to be complete, please provide the following information:

- 1) A complete description of your project/improvement, being as detailed as possible.
- 2) Type of materials to be used and sample colors if applicable.
- 3) Drawings, brochures, photos, etc.
- 4) A copy of the most recent certified lot survey showing the location of proposed improvement/project.
- 5) If repainting, you must supply old trim and exterior wall colors, samples of new colors, color of roof, and brick or accent masonry on colors.
- 6) If installing vinyl siding, submit sample of siding type, color sample of siding and trim colors, colors of roof and any masonry on your home,
- 7) If having a pool installed, you must indicate what type of access you plan to use for trucks, equipment, etc. in order to reach your back yard.
- 8) Any damage to sidewalk, curbs, roads, grasses, and common grounds of RIVER POINT COMMUNITY will have to be restored to its current condition and will be the responsibility of the homeowner making this request.

**NOTE:** It is the responsibility of the Homeowner/Contractor to secure all necessary permits from the City of Jacksonville and to comply with the local Building Codes for setbacks from property lines, retention ponds, existing structures, easements, and safety requirements.

**Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Only the Owner or Agent for the Owner may request architectural approval. Approved projects **must** be substantially completed within 6 MONTHS or you must resubmit once commenced. The approved construction must proceed diligently. Screening trash cans or correcting current violations **must** be completed within 30 days upon approval unless specified otherwise.*

**ARCHITECTURAL REVIEW COMMITTEE USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

**ARC Decision:**  Approved  Denied  Approved with Conditions: \_\_\_\_\_

**ARC Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ARC COMMENTS:

NOTE: THIS APPROVAL IS FOR ARCHITECTURAL REVIEW PURPOSES ONLY AND MAY TAKE 30 DAYS TO BE REVIEWED. IT DOES NOT OVERRULE ANY LOCAL, STATE, OR FEDERAL GUIDELINES OR PERMIT REQUIREMENTS FOR THE DESIRED CONSTRUCTION. IT IS THE LOT OWNERS RESPONSIBILITY TO OBTAIN AND COMPLY WITH SUCH. **YOU ARE UNDER A LEGAL OBLIGATION TO COMPLY WITH ALL RECORDED COVENANTS AND RESTRICTIONS AFFECTING YOUR PROPERTY.** THE ARCHITECTURAL COMMITTEE REVIEW OF YOUR PLANS WAS LIMITED TO THE ASSOCIATION'S ARCHITECTURAL GUIDELINES. THIS LETTER DOES NOT CONSTITUTE A WAIVER OF THE ASSOCIATION'S OR OTHER PARTIES RIGHT TO LEGALLY ENFORCE ALL PROVISIONS OF THE COVENANTS AND RESTRICTIONS WITH WHICH YOU MUST COMPLY.