



Hidden Lakes of St. Augustine Homeowners Association, Inc.  
 c/o May Management Services, Inc.  
 5455 A1A South  
 St. Augustine, FL 32080

(904)-461-9708

REQUEST FOR ARCHITECTURAL REVIEW

NAME: \_\_\_\_\_

Directions:

ADDRESS: \_\_\_\_\_

1. Complete form & sign
2. Include fee, if applicable
3. Mail to:

**HIDDEN LAKES OF ST AUGUSTINE HOA**  
**c/o: MAY Management Services, Inc.**  
**5455 A1A South**  
**St Augustine, FL 32080**

PHONE: (H) \_\_\_\_\_  
 (W) \_\_\_\_\_

If you have any questions about this form, or what is required for your project, contact the Architectural Review Committee Chairman, Ed Ross at [Retscw97@aol.com](mailto:Retscw97@aol.com).

- A. A brief Description: In the space below or on an attached page, give a description of the alteration, improvement, addition, or other change you would like to make to the exterior of your home (*to avoid delays, be as clear as possible*).
- 1) Please include such detail as dimensions, materials, color, design, location and other pertinent data.
  - 2) If painting your home please identify your roof color, your desired house body color, your desired trim/facia color and your desired accent/door color.

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

Please attach to this application the following items (see attachment 1):

- \_\_\_\_\_ Survey/Lot plan showing the location of the improvement
- \_\_\_\_\_ Plans, elevations or detailed sketch
- \_\_\_\_\_ Paint Color Chip
- \_\_\_\_\_ Picture of the House

**Application must be submitted with all information 1 week prior to the ARB meeting. Meetings are held on the 4<sup>th</sup> Thursday of every month.**

HOMEOWNER AFFIDAVIT

I have read, understand and agree to abide by the Covenants and Restrictions of the Association. I understand and, in return of approval, I agree to be responsible for the following:

- For all loses caused to other, including common areas, as a result of this undertaking, whether caused by me or others
- To comply with all State and local building codes
- For any encroachments



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- To comply with conditions of acceptance (if any)
- To complete the project according to approved plans.
  - If the modification is not completed as approved, said approval can be revoked and modifications shall be removed by the owner at the owner's expense.
  - Applicant further acknowledges that drainage swales have been designed and established between homes (side yard) to carry storm water off lot and to maintain positive drainage away from home.
  - The Association shall not be responsible for any effect proposed landscaping installation may have on this drainage.
  - The applicant shall be responsible.

I also understand that the ARB Committee does not review and assumes no responsibility for the structural adequacy, capacity or safety features of the proposed construction, alteration or addition; For soil erosion of incompatible or unstable soil conditions; or for performance, workmanship or quality of work of any contractor or of the completed alteration.

I understand that in submitting this request for improvements to be performed on my property as described herein, I shall abide by the decisions of the Architectural Review Committee and/or Board of Directors. In the event that the modification or improvement described in this application does not substantially conform to the approved application, I understand that the Association has the right to compel my compliance through whatever means deemed appropriate by the Board of Directors. In the event that legal action is brought about for the enforcement of this application, the prevailing party shall be entitled to reasonable attorney's fees and costs.

Homeowner Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

*Do not write below this line*

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\_\_\_\_\_ Approved by Architectural Review Committee

\_\_\_\_\_ Approved subject to the following conditions

\_\_\_\_\_ Pending, Insufficient Information. Resubmit please & be sure to include the following:

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