

ARCHITECTURAL REVIEW SUBMISSION FORM

Community Name: _____ Date Submitted: _____

Owner(s) Name: _____ Lot or Unit # _____

Property Address: _____

City, State, Zip: _____

Email Address: _____ Cell Phone # _____

Mailing Address if different from above: _____

LAKEFRONT LOT: (Y or N) _____ CORNER LOT: (Y or N) _____

Contractor Name: _____ Contractor Phone # _____

Type of Project(s): (e.g. Privacy Fence, Roof, Satellite, Shed, Pool, Enclosure, Addition, etc.)

Details – Attach or state specific material list, dimensions, color samples, picture or rendering.

Homeowner is responsible for compliance with all applicable city ordinances and permits if application is approved.

Return by email to: CAM@MYLRW.com

Lifestyles Property Services 586 Marsh Landing Pkwy Jacksonville Beach, FL 32250

Phone: (904) 432-1207

Fax: 866-433-9843
