



## Architectural Review Committee Request Form

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

Property address: \_\_\_\_\_

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

Contractors Name: \_\_\_\_\_

Company Legal Name: \_\_\_\_\_

Contractors Mailing Address: \_\_\_\_\_

Contractors Business Phone: \_\_\_\_\_

Contractors Business Email: \_\_\_\_\_

Contractors Website Address: \_\_\_\_\_

Does your contractor have a Florida Business License & Federal Tax ID number? \_\_\_\_\_

Does your contractor carry a Workman's Compensation policy? \_\_\_\_\_

Does your contractor have General or Professional liability insurance? \_\_\_\_\_

Are your plans filed with Duval County? \_\_\_\_\_

### **PLEASE INCLUDE A COPY of the following with all requests:**

- Detailed description of request including reason for your request (Include in separate document)
- Estimate or bid for work request
- Drawings, designs, pictures, blueprints, etc. (If applicable)
- Subject property survey (If applicable)
- Copy of Contractors Business License
- Copy of Contractors Liability Insurance Dec page

**\*Please submit your request via e-mail to [alesbury.hoa@gmail.com](mailto:alesbury.hoa@gmail.com) or by mail to: Charlie Nelson - 4003 Alesbury Drive - Jacksonville Florida 32224**

\*If you change contractors after approval we will request this information to be updated.

\*ARC approvals are valid for work to be completed within 90 days of approval.

\*Please allow 15 days for all requests to be approved.

# Alesbury Home Owners Association