

**Tiburon West Homeowners Association**

Application for Architectural Control Committee Review

Mail or Fax To:

Tiburon West H.O.A. c/o Etheridge Property Management

908 Gardengate Circle, Pensacola, FL 32504

Fax (850) 484-2611

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Owners Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different)

Telephone with Area Code \_\_\_\_\_ Email: \_\_\_\_\_

Improvements (check all that apply)

Fence      Shed      Satellite Dish      Screened Room      Driveway Change

Gutters      Landscaping Design      Sprinkler System      Pool

Other (explain): \_\_\_\_\_

If required, have you applied for the proper permits from all government agencies? \_\_\_\_\_

Estimated Begin Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location, and any other pertinent information (refer to your CCR's) needed by the committee in order to make a decision. Attach a copy of the lot survey (included in your closing documents); elevation plan and site-clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed, or attach additional sheets. Attach picture if available.

(APPLICATIONS CANNOT BE PROCESSED WITHOUT ALL REQUIRED INFORMATION ABOVE)

Please refer to your covenants and restrictions on what is and is not permitted in Tiburon West Homeowners Association. You will be notified in writing of the decision of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury, or claim that may arise from the change in the property.

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the association, I agree to make the changes under the terms and conditions as specified in the approval. All improvements must be on my property or property lines. If any portion of the Associations property is disturbed or damaged by either myself, or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by the Architectural Review Committee:

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Signatures of Architectural Control Committee:

\_\_\_\_\_  
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