

**BOUCHELLE ISLAND XIX CONDOMINIUM ASSOCIATION, INC.**  
**Request for Architectural Change**

This request form is to be completed by the homeowner and submitted for approval **prior to any work commencing.**\* Any samples attached will NOT be returned. Mail or fax the completed form to:

Bouchelle Island XIX Condominium Association, Inc.  
c/o Atlantic Community Association Management  
507-C Herbert Street  
Port Orange, FL 32129  
Fax: (386) 756-3454

If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions, or contact Atlantic Community Assoc Mgmt via phone at (386) 760-7365 or via e-mail at [atlanticcama@gmail.com](mailto:atlanticcama@gmail.com)

***\*NOTE:** All requests must conform to the local zoning and building regulations, and you must obtain all necessary permits your request is approved by the ARB. This request is valid for 90 days from point of acceptance.*

**TO BE COMPLETED BY HOMEOWNER**

**Name:**

**Address:**

**Unit No:**

**Phone:**

**EMAIL:**

**Describe the change** (i.e. porch, enclosure, etc.):

**Location** - Attach a copy of plan showing location.

**Specifications** - Attach a copy of plans, and describe the following:

**Dimensions:**

**Materials:**

**Color:** (Attach color samples)

**Liability:** *I take full responsibility and am personally liable for any damage that may occur to \_\_\_\_\_ Condo Assoc Inc. property during the completion of this project.*

**Signature:**

**Date:**

**ARC REVIEW BOARD**

**Date Received:**

**Date Forwarded to ARB:**

**Architectural Review Board Decision:**

Request Approved

Request Denied

**ARB Members' Signatures**

**Date**

1.

2.

3.

**Comments:**

**Date Decision Communicated to Owner:**