Avalon Woods Homeowners' Association of Newberry, Inc.

Architectural Review Request

Name:	Date Submitted:
Address:	LOT #:
Phone# (Daytime)	Email Address:
Contractor's Name	Phone#:
that work may not begin until these chathe changes must be completed in a realicenses is my responsibility. Owner's Signature: Note: All requests must include drawing	pe exterior appearance of my property listed below. I understand anges have been approved. I further understand that once started asonable time and that the acquisition of all building permits and Date: Jos, plans, Lot survey and samples complete enough for those on on. An incomplete submission may result in delay or rejection of your
Please indicate type of change: Screen Room or Pool Enclosure Patio or Deck Enclosing a screen room Addition/Shed/Outbuilding Pool/Hot Tub/Jacuzzi Fencing/Wall/Retaining Wall Play Structure/Tree House Paint House/Doors (Color Sample/Manufacturer/Color Substantial Changes in Landscaping Other Items:	r Sample)
Please describe in detail your req	uested change or attach proposal:
	
Committee Action: Approved: Ap	proved with Notes: Resubmit Other Items:
Disapproved	
NOTES:	
Architectural Review Coordinator Signature:	Date:

MAIL TO: Guardian Association Management, 10000 SW 52 Avenue The Links Clubhouse, Gainesville, FL 32608 FAX TO: 352-562-7453 OR EMAIL TO: Kburch@GainesvilleGAM.com

FOR MORE INFORMATION CALL: 352-353-4812