

AVONDALE PROPERTY OWNERS' ASSOCIATION
 ARCHITECTURAL REVIEW BOARD
 FENCE APPROVAL FORM
 E: Neighbor@avondalehomeowners.org P: 352-598-4927

OWNER: _____ PHONE#: _____

ADDRESS: _____ LOT#: _____

EMAIL: _____ CONTRACTOR: _____

PROPOSED IMPROVEMENTS: _____

Fence Material will be: <input type="radio"/> Vinyl <input type="radio"/> Wood <input type="radio"/> Wrought Iron <input type="radio"/> Other	Fence Height will be: <input type="radio"/> 6 Foot <input type="radio"/> 4 Foot <input type="radio"/> Other	Fence Color will be: <input type="radio"/> Natural <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Other
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Please attach the following:

- A picture and/or detailed section drawing of what the fence style will look like and its construction details.
- A lot drawing showing all boundaries and streets that intersect your lot and include in this drawing where you intend to install the fence with actual footage indicators.

PROJECTED DATES: BEGIN: _____ END: _____

Work MUST be started 12 months from ARB approval or Re-Approval Required

<input type="checkbox"/> Approved <input type="checkbox"/> Partial Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Not Approved
Comments: _____ _____ ARB Member _____ Board Member Date: _____

Homeowner(s) Signature: _____