

DELWOOD ESTATES COMMUNITY ASSOCIATION, INC.

1025 W. 19th Street, 24C Panama City, FL 32405

ARCHITECTURAL REVIEW REQUEST FORM

FOR HOMEOWNERS

YOUR NAME: _____

DATE: _____

YOUR ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Describe below what you would like done in the common area. Please attach plans and pictures to this form (if applicable, include dimensions, material type and colors per DECA covenants, conditions & restrictions, ARTICLE VI Section 1.

SIGNATURE:

DATE:

PRINTED NAME:

FOR THE BOARD

DATE RECEIVED: _____ **MUST BE COMPLETED BY:** _____

CONFORMS TO ALL GOVERNING DOCUMENTS: APPROVED: YES _____ **NO** _____

SIGNATURE OF DECA BOARD MEMBERS:

PRINTED NAME:

DATE:

