



**SIX MILE CREEK HOMEOWNERS' ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE (ARC)
REQUEST FORM**

ALLOW (30) DAYS TO PROCESS YOUR REQUEST

HOMEOWNER EMAIL ADDRESS: _____

Project Start Date: * _____ Project Completion Date: * _____ Two (2) ARC Request Forms and two (2) sets of plat maps (where applicable) are required with each request. If you are requesting more than 1 (one) project approval that requires an ARC request to be done at the same time, submit an additional request form for each project (i.e. a screen enclosure AND installing a fencing requires two (2) ARC requests).

HOMEOWNER: * _____ REQUEST DATE: * _____
Name (Please Print)

ADDRESS: * _____ PHONE #: * _____ Location
where work will be done - Street address only (Please Print)

MAILING ADDRESS: _____ *If
different from above address - Include Street/City/State/Zip (Please Print)

PURPOSE OF REQUEST: *Check appropriate item.

_____ Exterior Painting of Home. Attach color chip samples; denote body, trim & roof color. Once colors are approved, you **MAY NOT** change that color in any way without submitting another ARC request.

- _____ Fence Installation _____ Screen Enclosure _____ Satellite Dish
 _____ Enclosing A/C, _____ Pool Equipment, _____ Water Softener
 _____ Re-Roofing _____ Solar Panels _____ Landscaping _____ Brick Paver _____ Pool
 _____ Other: _____

Attach 2 (two) copies of your plat map with the purposed fence, pool, or screen enclosure location sketched onto it; denote type, height, color & gate locations, etc. (If applicable).

This ARC request has been reviewed for the limited purpose of determining if it complies with the deed restrictions set forth in the **Six Mile Creek Covenants and By-laws**. No ARC review has been made with respect to function, safety, or compliance with government regulations. Brevard County building permits where applicable, must be obtained before the approved project begins. The undersigned expressly disclaims liability of any kind with respect to this request, the review hereof, or any structures built pursuant hereto, including but not limited to, liability for negligence or breach of contract, or implied warranty. **An approved ARC request is valid for the period of "Project Start Date" through "Project Completion Date" only.**

ARC ACTION:

DATE RECEIVED: _____ (_____) APPROVED (_____) NOT APPROVED

Remarks: _____

David Hercules _____ Date: _____

Spencer Anderson _____ Date: _____

Brian Roof _____ Date: _____

PLEASE SUBMIT TWO COMPLETED ARC REQUEST FORMS.

Return completed forms by mail, fax (321-636-4891), hand deliver, or email (arc@apmfla.com) to:
 Advanced Property Management
 Atten: Six Mile Creek ARC
 1978 US 1, Suite 106
 Rockledge, FL 32955

= Required Fields

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