

Email to: [arc.manchesterhoa@gmail.com](mailto:arc.manchesterhoa@gmail.com)

**MANCHESTER HOMEOWNERS ASSOCIATION**

Application for Architectural Review  
C/O Etheridge Property Management  
908 Garden Gate Cir, Pensacola, FL 32504  
Phone: 850-484-2611 Fax: 850-484-2925

Address: \_\_\_\_\_ Application Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_ Email: \_\_\_\_\_

**IMPROVEMENTS: (Check ALL that apply)**

- |  |                                  |                                      |   |  |
|--|----------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> fence           | <input type="checkbox"/> shed    | <input type="checkbox"/> pool        | <input type="checkbox"/> satellite dish   | <input type="checkbox"/> screened room   |
| <input type="checkbox"/> driveway change | <input type="checkbox"/> gutters | <input type="checkbox"/> landscaping | <input type="checkbox"/> sprinkler system | <input type="checkbox"/> other (explain) |

*Change Trim Color of the Exterior of House If required, have you applied for the proper permits from all government agencies?*      ☐ Yes      ☐ No      ☐ Not Required

---

---

---

---

---

**Estimated Beginning Date:** \_\_\_\_\_ **Estimated Completion Date:** \_\_\_\_\_

Describe, in detail, the improvements. Include color(s), size(s), specifications, materials, location, and any other pertinent information (refer to your CCR's) needed by the committee in order to make a decision. Attach a copy of the lot survey (included in your closing documents); elevation plan and site-clearing plan (if applicable). Sketch on the lot survey the proposed alteration, as it will appear when completed, or attach additional sheets. Attach picture if available. (APPLICATION'S CANNOT BE PROCESSED WITHOUT ALL REQUIRED INFORMATION ABOVE)

Please refer to your covenants and restrictions for guidelines on what is and is not permitted in Manchester HOA. You will be notified in writing of the decision of the committee. By approving this request, the association is not assuming any responsibility for the safety, construction, operation, maintenance, accident, injury or claim that may arise from the change in the property.

I understand that approval does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and/or observing all local zoning ordinances. If approved by the association, I agree to make the changes under the terms and conditions as specified in the approval. All improvements must be on my property or property lines. If any portion of the Associations property is disturbed or damaged by either myself or my contractor, I agree to be responsible for and to restore the common elements to their original condition.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed by Architectural Review Committee:***

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date of Reply: \_\_\_\_\_

☐ Approved ☐ Disapproved