

Queensberry ARC Project Request Form

(Prior to submission, please check the guidelines for your project under BPCA Rules & Regulations.) To be placed on the agenda, please submit project request by noon on Friday before next ARC meeting.

Date of Submittal: _____ Date Received: _____

Name: _____ /Signature: _____	
Lot #: _____	Street Address: _____
Mailing Address: _____	City: _____ St: _____, Zip: _____
Phone: _____	/Cell: _____
Email: _____	
Contractor: _____	/Contractor Phone: _____
*Please note: There is a Road Impact Fee for Roofing, Driveway, Pool Installation and other projects requiring large trucks and equipment. Fee must be paid before work commences.	
Substantial work on your project must be accomplished with 90 days of approval or project will be removed from approved project list and must be re-submitted. You may contact the BPCA office if you need a time extension at 850-234-2727.	

Major Remodeling: _____	Minor Remodeling: _____	Maintenance: _____
Approximate Project Start Date: _____		
Estimated Time of Completion: _____		
Project Type:		
Roofing: _____	Tree Removal: _____	Fence: _____ Painting: _____
Pool Installation: _____	Landscaping: _____	Driveway: _____
Playground Equipment: _____		

Project Description:

***PLEASE NOTE: SUBMITTAL FOR APPROVAL OF A PROJECT GRANTS PERMISSION TO COMMITTEE MEMBERS TO INSPECT YOUR PROPERTY.**

Required Documents Checklist:

- Roofing Projects:** roofing material sample/brochure _____
- Tree Removal Projects:** Trees requested for removal are clearly marked _____
- Fence Projects:** Drawing with location of fence in relation to property lines _____
Picture depicting fence type _____
Property line pins marked _____
- Painting Projects:** Paint Color Chips
- Driveway Projects:** Drawing that depicts proposed driveway project _____
Type of materials used for project _____
Picture/brochure of small sample of material used _____
- Landscaping Projects:** Drawing that depicts entire landscaping project _____
List of plants/trees used in project _____
- Pool Installation Projects:** Drawing that depicts location of pool in relation to property lines _____
Copy of pool contract _____
- Playground Equipment:** Picture/Specs (including height) of playground equipment _____
Drawing that depicts location of equipment in relation to property lines _____

----- **For Office Use Only** -----

Construction Documents:	Recv'd _____	Date: _____
BPCA & HOA unpaid assessments:	Amt _____	Paid: _____
Contractor's Work Plan for BPCA Road Use Fees:	Recv'd _____	Date: _____
BPCA Road Impact Fee(non-refundable) see attachment:	Amt _____	Paid: _____

Drawings & Specs

Site Plan:	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
Tree Removal:	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
Building Plans:	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
Pool Plans:	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
Exterior Color/Mat	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
Landscape/sprinkler	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
Equipment shield	Recv'd _____	App _____	Date _____	Disapp _____	Date _____
ARC Permit Action:		App _____	Date _____	Disapp _____	Date _____

Committee Member to oversee project: _____

****Please note: If a dumpster or trailer will be used on any project please notify by email the General Manager at dhaydn@baypointflorida.org to be placed on a monthly waiver list. This will need to be sent each month that the dumpster or trailer will be on property.**

BPCA Road Impact Request

Residence Name:

Contact Info:

Phone

Email

Residence Address/Location:

Date of Request:

Type of Delivery:

Check all that Apply:

<hr/>	<input type="checkbox"/>	Dumpster
<hr/>	<input type="checkbox"/>	Concrete
<hr/>	<input type="checkbox"/>	Pavers
<hr/>	<input type="checkbox"/>	Pool/Gunite Truck
<hr/>	<input type="checkbox"/>	Roofing Material
<hr/>	<input type="checkbox"/>	Sod

Is this Hurricane Michael Related Repairs?

YES

Please Circle Appropriate Response

No

Gate Entry Location:

Please Circle Appropriate Gate

Residents

Jan Cooley

Legends

Is This a New Build?

YES

Please Circle Appropriate Response

No

Office Use Only:

Form of Payment:

Cash

Check #

Credit Card

Date Received
