Grapetree Area Property Owners Association, Inc. P.O. Box 24875

P.O. Box 24875 Gallows Bay Station, St. Croix U.S. Virgin Islands, 00824

ARCHITECTURAL COMMITTEE REVIEW FORM / Revision 1.03	
Owner/Applicant:	Relation:
Address:	Phone No.:
	Fax No.:
Location of Activity:	BWD Drawing No .
Plot No.: Estate: PWD Drawing No.:	
Description of Proposed Improvements: () New Construction () Addition () Pool () Tenant Improvement () Other	
Describe Scope of Work: (i.e., sq. ft., no. of stories, etc.)	
Describe the existing conditions :(ex., vacant land, existing home, etc.)	
Describe the impact to the surrounding area: (i.e., views, drainage, etc.)	
Proposed Start Date:	Estimated Completion Date:
 All property boundaries and permits shall be clearly identified and posted and remain so, and, All adjacent property owners are to be notified <u>prior</u> to submittal of plans to the GAPOA Architectural Review Committee, and, Temporary on-site toilet facilities shall be provided during the entire course of construction, and, Owner and/or contractor shall be responsible for any damage to existing roads and drainage systems which occur during construction. Any damage needs to be corrected by the Owner and/or Contractor, and, Silt fence and erosion controls shall be erected and maintained throughout the course of construction, Submit any and all revisions. 	
Signed:	Date:
Final working drawings must be submitted to the ARC chairman by the first day of the month to be	
reviewed at the monthly ARC meeting.	
Requested submittal drawings (to be retained by GAPOA):	
Site Plan – showing: Buildings with setbacks, drainage, driveways, septic, topographic contours, grading modifications and final elevations.	
Floor plan (s) – showing: Living areas, cisterns, garages, patios, decks, etc.	
Exterior Elevations – showing: Exterior finishes with overall bldg. heights from high/low grades. Note: Providing the Architectural Review Committee with the above-mentioned requested drawings will facilitate the approval process and avoid repeated submittals. Thank you.	
FOR OFFICIAL USE ONLY:	
() Approved as submitted	
() Approved with the following conditions:	
() Denied	
Committee Member	Date