

**THE COTTAGES AT HOBE SOUND
ARCHITECTURAL REVIEW BOARD (ARB)**

ARCHITECTURAL CHANGE APPLICATION

NAME _____ DATE _____

ADDRESS _____ LOT # _____

PHONE _____ E-MAIL ADDRESS: _____

THIS APPLICATION WILL NOT BE REVIEWED UNLESS FULLY COMPLETED

The ARB's goal is to maintain a blend of home styles which enhance the natural environment and assure the aesthetic integrity of the residences. The ultimate result is to protect your investment and property value. The ARB must review all applications and plans to modify any site. Modifications include:

- PLANS TO CONSTRUCT-
- PLANS TO ALTER-
- PLANS TO DEMOLISH-
- PLANS TO CHANGE THE EXTERIOR OF ANY STRUCTURE-

REPAIR/RESTORATION TO AN EXISTING, AS BUILT, CONFIGURATION DOES NOT REQUIRE THIS APPLICATION

DESCRIPTION OF ADDITION, CHANGE, MODIFICATION, ETC.: _____

Applicant shall submit two (2) copies of this application for each proposed addition, change, modification, etc. Include where applicable: color of materials, plans, drawings, location and the name and phone number of the company scheduled to do the work. The ARB may request any other pertinent information for it to make an informed decision. A decision will be rendered within a maximum of 30 days once all plans are submitted.

CONDITIONS OF APPROVAL

1. All required permits must be obtained and displayed by owner according to county laws.
2. All exterior aluminum for lanai and fencing must be white.
3. All screens must be charcoal color.
4. Applicant is responsible for any common area damage, and restoration to the original state.
5. Exterior paint colors must match existing stucco colors used within the community. Color samples and suppliers will be provided by the property manager. Applicant must obtain paint as specified by the property management. **NO SPRAYING OF PAINT IS PERMITTED.**
6. No contractor advertisement or business signs are to be displayed at the work site.
7. Homeowner is responsible for notifying management prior to commencing any lot excavation in order to locate any utility line in the path of the excavation.

The undersigned homeowner acknowledges that they are aware of, have read and understand, and shall comply with the Association Covenants.

UNTIL A SIGNED APPROVAL IS RECEIVED, NO WORK IT TO BE STARTED!!

Applicant's signature _____ Date _____

_____ This application is approved by a majority of the ARB.

Signed on behalf of the ARB _____ Date _____

ADDITIONAL CONDITIONS OR INFORMATION REQUIRED FOR APPROVAL

_____ This application is rejected by a majority of the ARB.

Signed on behalf of the ARB _____ Date _____

Signed on behalf of the Board of Directors _____

Date _____