

**MOORINGS/SAFETY HARBOUR OF JUPITER POA**

c/o Bristol Management Services, Inc.

1930 Commerce Lane, Suite 1

Jupiter, FL 33458

Phone: (561) 575-3551 Fax: (561) 575-5423

**REQUEST FOR ARCHITECTURAL/LANDSCAPE CHANGE /BUILDING APPLICATION**

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

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

Submission Type:

ORIGINAL APPLICATION: \_\_\_\_\_ RESUBMITTAL: \_\_\_\_\_ REMODEL: \_\_\_\_\_ OTHER: \_\_\_\_\_

I. MOORINGS/SAFETY HARBOUR POA LOT NUMBER OR ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

II. PROJECT DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. OWNERS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

IV. ARCHITECT OR ARCHITECTURAL DESIGNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

V. LANDSCAPE ARCHITECT OR DESIGNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VI. ENGINEER/SURVEYOR (Florida Registered):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VII. BUILDER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VIII. ITEMS ACCOMPANYING THIS APPLICATION:

Application Fee: Amount Enclosed \$ \_\_\_\_\_

Site Survey:

Site Plan:

Architectural Plans:

Landscaping(Including Cost Estimate):

Other Items:

o Roof Tile Sample

o Exterior Color Sample

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ARCHITECTURAL COMMITTEE USE ONLY**

- Action by ARC:
- ( ) Approval
  - ( ) Disapproval
  - ( ) Approval subject to following conditions
  - ( ) Revise and Resubmit

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

**Fee Schedule**

Projects that require a plan review by an Architect must be paid for by the homeowner who is making the request for such projects.