

THE COVE OWNERS ASSOCIATION

**C/o Sea Breeze CMS, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, FL 33410
TEL: 561-626-0917 Fax: 561-6269143**

Name of Applicant/Homeowner

Address of Property

Address of Applicant (if different)

Date of Application

Telephone Number (Daytime)

Telephone Number (Evening)

Email Address:

DESCRIPTION OF ADDITION, CHANGE OR MODIFICATION, ETC.

Required before the Architectural Review Board (ARC) can consider your Application: Submit two (2) copies of this form and all Documents for all proposed additions, changes, modifications, etc. accompanied where appropriate by floor plans, exterior elevations (all views), site plans, all signed contracts, (showing applicable setbacks, dimensions from property lines to proposed structures, etc.). If all required copies and information are not received with this completed application, the ARC will automatically reject the application until all items/information has been received.

Description: _____

The undersigned acknowledges that they have read and understand this application. They also understand that until signed approval is received, no work is to be started.

Applicant's Signature

Applicant's Signature

CONDITIONS OF APPROVAL

1. All required permits must be obtained and displayed by owner prior to work beginning.
2. A deposit for common area and/or residential property damage may be required. The ARC Committee will determine the amount of deposit based on the extent of the work to be performed and the impact on the community. Should a deposit be required, it is refundable when the Association Property Manager confirms that all roadways and landscaping are restored to the original state. It is the responsibility of the applicant to repair any damages caused by the implementation of the above requested change.
3. Any outstanding funds owed to the Association may be deducted from any deposit required prior to the deposit being refunded.
4. All landscaping projects require a submitted ARC form and approval by The Cove ARC.

ADDITIONAL CONDITIONS REQUIRED BY ARC: _____

This Application is approved/denied: _____

Committee Member's Signature:

Approved/Rejected Date:

Committee Member's Signature:

Approved/Rejected Date:

Committee Member's Signature:

Approved/Rejected Date: