## PALM POINTE/PALM ISLES HOA Architectural Review Board Application

c/o Advantage Property Management, 1111 SE Federal Hwy., Suite 100, Stuart, FL 34994 Phone (772) 334-8900 Fax (772) 288-0175 Email: <a href="mailto:advantagepm@advpropmgt.com">advantagepm@advpropmgt.com</a>

## Please Print All Information

Property Owner(s):		Lot #:
Property Address:		
Phone:		
Home Wor	rk Cell	E-mail
Type of Architectural Change Sought	Application Check	klist
[] Landscape	[] Signed and Date	d
[] Fence		with Sketch of Work Attached
Painting		ttached & a 3' x 3' painted on side of house
[] Pool		nse/Insurance Attached (If used)
Patio		Permit, if applicable
Other	<del></del>	eposit, if applicable
	ESCRIPTION OF WORK TO	
	he ARB until all items are subm	. Use additional pages as needed. Application will no itted, including the permit.
I understand that I must be the property owner to not guarantee Approval. Approval must be recei aesthetics of the proposed change and does not contact that I am liable for the repair of any damage to the I am digging that I, or my contractor, must contact	ertify the construction worthiness on the common area by the vendors or cact the appropriate utilities prior to	PPLICANT on for an Architectural Approval and that application doe e alterations. I understand that Approval is based upon th or structural integrity of the proposed change. I understan contractors the owner may hire. I further understand that i digging. I understand that I must follow all local buildin hay be required. I further understand that I may not deviat
	The security deposit check will be	stand that if I am going to break ground, a \$500 refundabled deposited by PPPI HOA. If the ARB finds that the deposition of the transfer of th
inspected the site to be free of defects. You must	t notify Advantage Property Manag	tion company has inspected the irrigation and the ARB has gement when the project has been completed. If repairs are deposit. The ARB has 30 days after receipt of plans an
I agree to abide by the Declaration of Covenants	and Restrictions for Palm Pointe/Pa	alm Isles HOA.
Signature of Property Owner:		Date:
	For Association Use On	ıly
Approved	_ Approved with conditions as li	sted below Not Approved
	RB Signature	ARB Signature
COMMITTEE REMARKS:		