CAROUSEL COVE HOMEOWNER'S ASSOCIATION INC.
ARCHITECTURAL REVIEW BOARD APPLICATION REQUEST FORM

The purpose of this form is to request approval to change, alter, or add to an existing residence or landscape. The Architectural Review Board (ARB) shall have thirty (30) days after delivery of all required information plans and materials to approve or deny any such plan. All approved modifications or improvements shall be completed within 180 days from the date of approval. It is the owners' responsibility to notify the chosen vendor once the ARB is approved.

It is the homeowner's responsibility to receive permission from the ARB and CCHOA Board of Directors before making any alterations, changes or additions to your home or landscaping which vary from the original exterior, color(s), structure, or footprint at the time of completion. The Board may require further information and/or view location of the changes before approval is given. Email your completed form to: ARC@GULFBREEZEMANAGEMENT.COM or hand deliver or mail to: Gulf Breeze Management Services, 8910 Terrene Court, Suite 200, Bonita Springs, FL 34135.

Completion of parts 1, 2, and 3 are required for approval. Be specific and allow thirty (30) days for approval.

Homeowner's Name(s): _____ Lot # _____
Print or Type Name(s)

Carousel Cove Address: _____ Phone: _____

PART 1: TYPE OF REQUEST

A. Changes to current exterior. Complete parts 2 & 4A

- ☐ Repair existing roof. Material Color: _____
- ☐ Is this the same color as the rest of the roof? Yes ☐ No ☐
- ☐ Repaint the exterior. Color selected: _____
- ☐ Repaint the trim. Color Selected: _____
- ☐ Repaint the decorative shutters. Color Selected: _____
- ☐ Repaint the front door. Color Selected: _____
- ☐ Replace entire roof. Color and texture must be approved by the ARB Board.
- ☐ Paint, stamp, stain or add pavers or tile to driveways or Lanais. Must blend with home colors.

B. Alterations or additions to current structure.

Complete additional parts of the application appropriate to your request.

- ☐ Replace, Alter, or Add landscaping around the home. Complete Parts 2, 3, 4B1 and B2.
- ☐ Remove a tree. Complete Parts 2, 3, & 4B1. Note: Replacement of dead or dying shrubs, plants or trees and seasonal plant replacement do not require ARB approval. Consult with an ARB member for further classification or if unsure.
- ☐ Enlarge an existing patio, lanai, deck or other form of enclosure. Complete Parts 2, 3, & 4A
- ☐ Add satellite dish. Complete Parts 2 & 6.

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☐ Alter or add to home, lanai garage, add screening or enclosure. Complete Parts 2, 3, & 4B.
☐ Add a wheelchair ramp. See Part 5. Complete Parts 2 & 4A2.
☐ Add a pool. Complete Parts 2, 3, & 4A1 and 4A2.
☐ Other: Please explain request in detail: _____

_____

_____

_____

PART 2: WAIVER OF HOA ASSOCIATION LIABILITY

The undersigned hereby agrees that any liability caused by or arising from any acts, which may include the hazard of susceptibility to loss on the described premises, shall not be held against the Association, as their interest may appear, there from and indemnify them for all losses, cost, expenses and attorney fees in connection with any such addition to their home.

Further as a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, applicant, the heirs and assigns thereto hereby assumes total responsibilities for the repair, maintenance, or replacement of such alteration. It is understood and agreed that the Association is not required to take any action to repair, replace or maintain any such approval change, alteration or addition, or any damage resulting there for any reason in the existing original structure, or any other property. The homeowner assumes all responsibility for insurance during construction and cost for any addition or change and its future upkeep.

NOTE: If Board approval is granted, it is not to be construed to cover approval of County Code requirements. A building permit from the Lee County Building Department is needed on most exterior property alternations and or improvements.

(Required)

Part 2: Owner's Signature: _____ Date: _____

Co-Owner's Signature: _____ Date: _____

A. Demolition and Clean-up

1. Will any demolition occur? ☐ Yes ☐ No
2. If yes, how long will it last? _____
3. Will a rental dumpster be on the property? ☐ Yes ☐ No
4. Date dumpster will be on site. From: _____ to _____
5. Will the owner be present while the work is being completed? ☐ Yes ☐ No
6. Name of person responsible for the removal of demolition debris:

Name: _____ Phone: _____

7. Estimated date to begin construction: _____
8. Estimated date of completion: _____

B. Contractor

Contractor Name: _____ Phone: _____
Florida License #: _____ Insurance #: _____
Once approval letter is received by homeowner, it is the homeowner's responsibility to notify the contractor of approval.

C. Access to Construction Site

1. If access across a neighbor's property is required to complete this request, please have neighbor sign Part 3.
2. If no access is required, initial here:

PART 3: NEIGHBOR PERMISSION FOR ACCESS ACROSS PROPERTY

Complete the following only if access is required across a portion of a neighbor's property for your ARB request. Please complete this page with your adjacent neighbor's signature indicating that they are aware of your plans.

FROM: (Print requesting owner's name): _____

This signature(s) confirms that permission is given from the neighbor(s) to allow access across neighbor's property.

Neighbor #1 Signature _____ Date: _____

Neighbor #2 Signature _____ Date: _____

Access needed (explain): _____

_____

_____

_____

I (we) will be responsible for the necessary restoration to the properties listed above, as required to complete the job including the cost to move, repair, and/or replace all necessary irrigation lines or irrigation heads.

Part 3: Owner's Signature: _____ Date: _____

Co-Owners: _____ Date: _____

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PART 4: SPECIFIC DETAILS OF THIS REQUEST

A. Alter, Change, or Add to the Structure or Exterior of the Structure.

1. Provide descriptions, drawings, or attached photos or brochures of the changes or alteration including the type of construction and materials as appropriate. Attach paint samples for repainting color changes or addition of new colors and addition pages as needed to provide complete information. Paint color selection is at the discretion of the ARB.

2. If requesting an addition to the existing footprint, attach a drawing indicating the original residence footprint, location, size, and shape of the addition, alteration and the construction type and materials to be used. An application requesting approval that occurs outside the exterior walls or the original footprint must include a drawing clearly displaying the alteration.

B. Alter, change, or add to landscape, driveway, deck, lanai, or patio. If you are requesting approval to remove a tree, enlarge planting beds add a hedge, fence, add irrigation or make significant changes to your landscape follow 1 & 2 below:

1. Attach a drawing or sketch indicating the footprint of the residence, location, size, and shape of the current landscaping. On this drawing, indicate the alteration, change or removal. Clearly show the location of the tree to be removed, the location of the replacement tree and any edging, mulch or decorative material.

2. Attach a list of the plant material (where appropriate) you plan to add and indicate plant placement on your drawing. Please research plants and consider using SW Florida friendly and draught resistant materials.

3. If you are requesting a change to the surface structure of your driveway, lanai, patio, etc. attach the type of materials, pattern and color samples you want to use. If you request to enlarge the driveway, patio, or deck surface, attach a drawing or sketch indicating the footprint of the residence and the changes you are requesting.

Part 5: Request to Install a Wheelchair Access Ramp

This request will not be denied; however, additional ADA documentation is required for our records, and the design of the ramp must blend with the design of the house. Contact the Property Management Company for further information. Complete Part 2 and follow the directions in Part 3A2.

Part 6: Satellite Dish Installation Request

If you plan to install a satellite dish, the applicant must meet with the installer first, to choose 3 possible locations for the dish. Please describe each location, including a sketch showing the residence footprint and including the three possible locations. You may not install a satellite dish to the front of your house. Other locations which may be in the line of sight of your neighbors' lanai may not be approved and if installed without prior approval, may be subject to removal. These locations will be reviewed prior to approval and installation. If you are requesting multiple

satellite dish installations, be clear about placements.
Location 1: _____
Location 2: _____
Location 3: _____
The owner will be specifically liable for any damage or claim caused by the installation of said dish and will be responsible for returning the building, landscape, electrical, etc. to the original "as was" prior to the dish installation condition either upon dish removal or upon the sale of said property.

Application Signature (required)

Owner's Signature: _____ Date: _____

Co-Owners: _____ Date: _____

Email Completed Application to: ARC@GULFBREEZEMANAGEMENT.COM

Or you may hand deliver or mail your ARB to:

Gulf Breeze Management Services of SWFL, Inc.
8910 Terrene Court Suite 200
Bonita Springs, FL 34135
PH: 239-498-3311

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FOR BOARD, ARB OR MANAGEMENT COMPANY USE ONLY

Owner Last Name: _____

Owner House # _____ ☐ Bonita Fairways Circle
☐ Sammoset Way
☐ Landfall Place

1. Date ARB request received by management company: _____ Initials: _____

2. Date management company distributed copies to all CCHOA Board Members and ARB Members for review: _____ Initials: _____

3. Date approval by ARB members sent to management company: _____
Initials: _____

4. Date management company sent approval letter to notify owner: _____
Initials_____

5. Date management company sent final approval to CCHOA President: _____
Initials: _____