

**SEA OATS PROPERTY OWNERS' ASSOCIATION, INC.**  
**ARCHITECTURAL REVIEW BOARD**  
**MAINTENANCE or MODIFICATION FORM**  
 C/o Coastal Property Management  
 1061 E. Indiantown Road, Suite #310, Stuart, Florida 33477  
 (561) 781-8030 Fax: (561) 972-4246

\_\_\_\_\_  
 Name of Applicant/Homeowner Property Address

\_\_\_\_\_  
 Mailing Address of Applicant (if different) Email Address Date of Application

\_\_\_\_\_  
 Telephone Number - Daytime Telephone Number - Evenings

**DESCRIPTION OF ADDITION, CHANGE, MODIFICATION, INC.**

Submit this form for all proposed additions, changes, modifications, etc., accompanied where appropriate by plans, elevations (all views), etc. In addition, submissions will include proposed colors, and patterns, materials, and all additional information necessary for the Association to make an informed decision. **If all required information listed below is not received with this completed application, the Association will automatically reject the application until all requested information is received. No incomplete applications will be processed.**

Description

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

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Applicant's Signature

**CONDITIONS OF APPROVAL**

1. **It is the responsibility of the homeowner to obtain and display all required permits prior to work beginning. A copy of the permit must be provided to the association once issued.**
2. All applications must include a copy of the contractor's license and Liability Insurance Certificate naming Sea Oats POA and Coastal Property Management as additional insured to Association with this application prior to any work being performed. This requirement protects the Association and Coastal Property Management from any liability in case of accidents.
3. Copy of contractor's proposal must be provided *(If Applicable)*.
4. Sketch / drawing of the work to be done.
5. Copy of homeowner's property survey indicating location of changes or modifications *(If Applicable)*.
6. **NO WORK MAY COMMENCE UNTIL THE ASSOCIATION PROVIDES A WRITTEN APPROVAL AND THE APPROPRIATE PERMIT(S) ARE ISSUED *(If required)*.**
7. **NO WORK ON SUNDAYS**
8. **WEEKDAY WORK HOURS 8:00 AM to 5:00 PM – SATURDAY 9:00 AM to 5:00 PM**

**ADDITIONAL COMMENTS** \_\_\_\_\_  
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