

PALM POINTE/PALM ISLES HOMEOWNERS ASSOCIATION INC.

C/o Bristol Management Services, Inc.
543 NW Lake Whitney Place * Suite 101
Port St Lucie, Florida 34986
772-323-2004 Fax 772-878-1519

ARCHITECTURAL REVIEW BOARD APPLICATION

Name _____ Date _____
Address _____ Lot # _____
Telephone # _____ Fax # _____

GENERAL INFORMATION

Applications are required for any changes affecting the exterior of the residence. Depending on the type of work to be done, please include pertinent information describing the project. The nature, type and materials to be used must be included. Two (2) complete sets of plans and specifications for the proposed changes are required. If painting, include samples of colors to be used and paint a 3'x5' spot on the house. Landscaping requires a landscape plan, survey and plant list. Fencing, Pools or additions etc. also require a site plan.

Description of work to be done: _____

By signing this application, the owner agrees to abide by the covenants and restrictions for the Association. No work will commence without the approval of the Association. Any changes to the plans must be re-submitted to the committee for approval. If you are going to break ground with any project, a \$500 refundable security deposit is required with the application. If the ARB finds that the deposit isn't necessary, the homeowner will be refunded as soon as possible. **The security deposit is deposited, and will be returned after the Palm Pointe/Palm Isles Irrigation Company has inspected the irrigation and the ARB has inspected the site to be free of defects. If repairs are necessary, due to the homeowner's construction, the repair fee will be deducted from the security deposit. The ARB has 30 days to approve an application.**

Signature _____ Date _____
Security Deposit Attached Yes _____ No _____

For Association Use Only

____ Approved ____ Approved with conditions as listed below ____ Not Approved

____ Additional Information Required – See below

COMMITTEE REMARKS _____

ARB Signature _____ ARB Signature _____ ARB Signature _____

Date received _____ Date returned to owner _____