

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

c/o Bristol Management Services, Inc., 543 NW Lake Whitney Place, #101, Port St. Lucie, FL 34986  
Phone (772) 323-2004 Fax (772) 878-1519 Email: Dmundt@bristolmanagement.com

Please Print All Information

Property Owner(s): \_\_\_\_\_ Lot #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
                    Home                                      Work                                      Cell                                      E-mail

Type of Architectural Change Sought	Application Checklist
<input type="checkbox"/> Landscape	<input type="checkbox"/> Signed and Dated
<input type="checkbox"/> Fence	<input type="checkbox"/> 2 Surveys/Site Plans with Sketch of Work Attached
<input type="checkbox"/> Painting	<input type="checkbox"/> Color Samples attached or painted on house, if applicable
<input type="checkbox"/> Pool	<input type="checkbox"/> Contractor License/Insurance Attached (If used)
<input type="checkbox"/> Patio	<input type="checkbox"/> Martin County Permit, if applicable
<input type="checkbox"/> Other _____	<input type="checkbox"/> \$500 Security Deposit, if applicable

**DESCRIPTION OF WORK TO BE DONE**

Describe the type of architectural change you are seeking approval of. Please specify any materials to be used and submit a sample of the colors. If painting, paint a 3' x 5' spot on the side of the house. Use additional pages as needed.

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**ACKNOWLEDGEMENT OF APPLICANT**

I understand that I must be the property owner to make application to the Association for an Architectural Approval and that application does not guarantee Approval. Approval must be received, in writing, prior to making the alterations. I understand that Approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the proposed change. I understand that I am liable for the repair of any damage to the common area by the vendors or contractors the owner may hire. I further understand that if I am digging that I, or my contractor, must contact the appropriate utilities prior to digging. I understand that I must follow all local building codes and setback requirements when making a change and that a building permit may be required. I further understand that I may not deviate from the plans submitted and that any variation will require re-application. I understand that if I am going to break ground, a \$500 refundable security deposit is required with this application. If the ARB finds that the deposit is not necessary, a refund will be issued as soon as possible.

The deposit will be returned, (generally within 30 days) after the association irrigation company has inspected the irrigation and the ARB has inspected the site to be free of defects. You must notify Bristol Management when the project has been completed. If repairs are necessary due to the owner's construction, the repair fee will be deducted from the deposit. The ARB has 30 days after receipt of plans and specifications to approve an application.

I agree to abide by the Declaration of Covenants and Restrictions for Palm Pointe/Palm Isles HOA.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

ASSOCIATION USE ONLY

**ARCHITECTURAL REVIEW COMMITTEE CONCLUSIONS:**

**Final Results:**      **Approved:** \_\_\_\_\_      **Disapproved:** \_\_\_\_\_

Additional Comments or Approved with Conditions:

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Reason for disapproval or additional information required:

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REVIEWED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Approved       Disapproved

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Approved       Disapproved

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Approved       Disapproved

Date \_\_\_\_\_