

THE PRESERVE HOMEOWNERS' ASSOCIATION OF MILTON

P.O. BOX 962
Milton, FL 32572

Architectural Review Committee Application

To: Architectural Review Committee

Email: preservehoamilton@gmail.com

PLEASE PRINT

Name of Applicant or Responsible Party: _____

Name of Homeowner(s): _____

Phone (Home): _____ Phone (Cell): _____

Property Address: _____

Mailing Address: _____

Lot Number: _____ Email: _____

Change(s) to be completed by: Licensed Professional or Contractor _____ Homeowner _____

Are Santa Rosa County Permits Required? YES NO (Circle One)

Desired Start Date: _____ Estimated time to complete: _____

Direction:

To be considered by the Architectural Review Committee, your application should include the following where applicable. If you believe the item(s) listed below are not required, write N/A next to the line. The committee may still request the data should it/they be required for a complete review and evaluation:

- Plat Plan (survey) of your lot, with location of proposed modification(s) marked.
- Sketches, photographs, catalog illustrations
- Dimensions and material for the proposed modification
- Colors of proposed modification
- Signatures from all affected neighbors

Please refer to your Preserve Homeowners Association of Milton CCR's for instructions on General Considerations, Specific Guidelines and Submission Requirements.

An application submitted without all the required documentation will be considered incomplete. In such cases, the Architectural Review Committee's thirty (30) day review period will not commence until all required documentations have been provided. Other exhibits may be requested to permit adequate evaluation of the proposed change(s). If you have any questions regarding the required documents or the application process, you are advised to seek guidance from the Association's Board of Directors via email or by US Mail.

THE PRESERVE HOMEOWNERS' ASSOCIATION OF MILTON

P.O. BOX 962
Milton, FL 32572

Description of Proposed Change(s): Include Colors, Style, Location, size, Materials to be used, etc. Attach additional sheets as needed.

Signatures of adjacent property owners most affected by the change:

Name: _____ Lot # _____
Address: _____

Name: _____ Lot # _____
Address: _____

(Signature) (Date)

(Signature) (Date)

Name: _____ Lot # _____
Address: _____

Name: _____ Lot # _____
Address: _____

(Signature) (Date)

(Signature) (Date)

NOTE: The signature of adjacent property owners indicates only an awareness of the applicant's intent and does **NOT** constitute approval or disapproval by the Architectural Review Committee.

To the applicant:

1. You understand and accept that compliance with the Guidelines, Protective Covenants, and approval by the Preserve Homeowners Association of Milton Architectural Review Board do not necessarily constitute compliance with the provisions or building and zoning codes and laws of Santa Rosa County, FL (the building ordinance of Santa Rosa County require that you file plans with the building inspector at their office for construction requiring a building permit). Further, nothing contained herein shall be construed as a waiver or modification of any said restriction and/or requirement. Determination of permitting requirements and compliance with such requirements are the sole responsibility of the property owner.
2. You understand and agree that no EXTERIOR alteration shall commence until written approval of the Architectural Review Committee (ARC) has been returned to the applicant/homeowner. If unapproved alterations are made prior to receipt of the approved ARC Application, or in addition to those outlined in the application description, the homeowner may be required to return the property to its former condition at the sole expense of the homeowner. The homeowner may also be required to pay all legal expenses incurred.

THE PRESERVE HOMEOWNERS' ASSOCIATION OF MILTON

**P.O. BOX 962
Milton, FL 32572**

- 3. You understand that the members of the ARC are permitted to enter upon the homeowner's property at any reasonable, pre-arranged time for the purpose of inspecting the proposed project site(s), while the project is in progress, and upon completion of the project, as necessary. Such an entry does not constitute trespass.
- 4. You understand that any approval is contingent upon construction or alterations being completed in a workmanlike manner.
- 5. You understand that the alteration authority granted by this application may/will be revoked automatically if the alteration requested has not commenced within one hundred eighty (180) days of the approval date of this application and completed by the date specified by the ARC.
- 6. You further understand that the decision by the ARC is final and there is no appeal process in place per the current CCR's.

OWNER SIGNATURE: _____ DATE: _____

Additional instructions for the Applicant/Homeowner:

- 1. Please consult and/or review ARC Guidelines (found in CCR's) for specific details required for each proposed change.
- 2. Provide all required details on attached sheets. i.e., copy of plat, sketches, scale drawings, photos, catalog illustrations, architectural plans, sales pamphlets etc. Indicate on a plat the location of your proposed structure or change, if applicable.
- 3. For changes in paint color, attach a manufacturer's sample, including the manufacturer's name and proposed vendor's name.
- 4. Indicate a desired start date and an estimated completion date, based on the date of the ARC's approval.

Review Status:

Approved

Denied

Architectural Review Committee Signatures (3 required):

PRINT NAME _____ SIGNATURE _____

PRINT NAME _____ SIGNATURE _____

PRINT NAME _____ SIGNATURE _____