

FITZROY REEF Homeowners Association

c/o Space Coast Property Management

928 E. New Haven Ave

Melbourne, FL 32901

FAX: 321-733-0718 PH: 321-733-3382

ARC@towersmgmt.com

APPLICATION FOR ARCHITECTURAL REVIEW

****COMMITTEE HAS 30 DAYS TO RESPOND**

Two sets of plans required with each application.

Property Owner: _____

Address: _____ email: _____

Phone#: _____

As owner of the above described property, I /We submit the following for consideration and approval of the Architectural Review Committee. It is my/our desire to add or change the following:

_____ Second Story Flooring (wood, tile, etc)

_____ Screen Room or Enclosure

_____ Hurricane Shutters

_____ Windows

_____ Other

_____ Paint

Describe: _____

If this application is approved, I accept full responsibility for any actions or the vendor or contractor or their employees for any damage or alteration which may happen to common areas or other property in as a result of this project and agree to replace or restore such damaged property to its original condition. I further state that I will be responsible to obtain all appropriate permits, licenses or insurance as may be required by City, County or State agencies prior to commencement of this project.

****NO PROJECT WILL COMMENCE UNTIL AN APPROVED APPLICATION HAS BEEN RECEIVED BY OWNER.**

Date: _____ Owners Signature: _____

Project Start Date: _____

Note: Plans are reviewed for the limited purpose of determining aesthetic compatibility with the community in general in the subject opinion of the approving authority and whether the plan is in compliance with the Declaration of Covenants and restrictions. This review has been made with the respect to functionality, safety, compliance with governmental regulations, or otherwise, and no reliance on approval should be made by any party with respect to such matters. The approving authority disclaims liability of any kind with the respect to submitted plans, the review there of, or any structures built, including, but not limited to liability for negligence or breach of express or implied warrant.

Date: _____ **Approved:** _____

Date: _____ **Disapproved** _____