

MYSTIC COVE HOMEOWNERS ASSOCIATION

APPLICATION FOR ARCHITECTURAL REVIEW BOARD (ARB) REVIEW

Please note modifications may NOT begin until you receive a response from the ARB in writing.

Send complete application to: **ARB – Mystic Cove**
C/O debra@jupitermgt.com or 9341 Mystic Cove Terrace, Hobe Sound, FL 33455

Applicant Name in Mystic Cove: _____
Property Address: _____
Date Applying: _____ Daytime #: _____
Email address: _____

Approval is requested for the following modification(s), addition(s), and/or alteration(s) as described below and/or on attached page(s). To the extent that Martin County requires a permit to complete the requested work, if applicable, that homeowner(s) review the conditions and consider requirements prior to submitting this application.

Check the applicable boxes and/or describe below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Landscaping Additions/Modifications | <input type="checkbox"/> Awnings | <input type="checkbox"/> Play Structure/Playgrounds |
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Other Exterior Modification | <input type="checkbox"/> Pool Installation |
| <input type="checkbox"/> Exterior Lighting/Solar Lights | <input type="checkbox"/> Patio Furniture Visible | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Patio/Terrace/ Decks | <input type="checkbox"/> Spa/Jacuzzi | <input type="checkbox"/> Hurricane Shutters |
| <input type="checkbox"/> Pavers/Driveway/Paver Extensions | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Roof Replacement |

THIS IS A RE-SUBMITTAL ☐ Yes ☐ No

Additional Information/Detail:

Attachments: Please submit two (2) copies of all documents below with the application:

- | | |
|---|---|
| <input type="checkbox"/> Color plan(s) | <input type="checkbox"/> Property Survey, showing location of Modification(s) |
| <input type="checkbox"/> Drainage Surface Water Plan | <input type="checkbox"/> Sample(s) and/or Picture(s) |
| <input type="checkbox"/> Initial or Revised Plan(s) and/or Specification(s) | <input type="checkbox"/> Contractor License/Insurance Naming Assoc. as Cert. Holder |
| <input type="checkbox"/> Material(s) Designation Plan/Sample(s) | Other: _____ |

By Initialing below applicant agrees and acknowledges as follows:

____ Owner agrees and understands to be responsible for obtaining any necessary permits from the appropriate Martin County Building and Zoning Department(s) and all other applicable governmental authorities.
Furthermore, owner agrees to comply with the Association Documents including, but not limited to, the Declaration, in all respects. The owner shall provide the ARB with a copy of any permit(s) issued by Martin County upon issuance and as a condition to this application.

____ **Owner agrees, understands and acknowledges that failing to abide by the conditions of the application may result in the request being DENIED.**

Anticipated Commencement Date: _____ Owner's Signature: _____

*****FOR ARB USE ONLY*****

Approved ☐

Conditionally Approved ☐

Disapproved ☐

Date: _____

X _____
(Signature of ARB)

NOTES: _____

CC: Jupiter Management by ARB Chair