CEDAR ISLAND HOMEOWNERS ASSOCIATION OF FLAGLER COUNTY, INC.

Architectural Review Board Request Form (Rev 1: 9/12/2022)

Non-refundable application fee \$100.00. Please see instructions on reverse side.

Owner Name(s):	Lot No	
Mailing Address:		
Phone Number:	Email address:	
Describe in detail your proposal, including s specifications for any proposed work as indi	ze, materials, location, etc. Attach complete plans cated below.	s and
Estimated start date:	Estimated completion date:	
Information Required (to the extent applicab	le) (see Architectural Criteria for more information):
 Landscape plan showing location and space grass species; proposed screening for trash type and color; legend showing quantity, siz Complete construction plans drawn by a particular dimensions clearly visible, foundation plans heated, unheated and total square footage; pitch, wall height, overall building height and Building specifications to include type of compatterns; roofing material, type and color; exand style; window type, frame and color style exterior doors and trim/accents Environmental Report before and after consignage locations 	professional home designer or architect, to include floor howing type of foundation and finished floor elevation; all four elevations showing exterior finish materials, roo roofing material onstruction (wood, steel, block or ICF); stucco or siding terior trim materials (e.g. columns, brackets, shutters); e; exterior stair and railing material; paint colors includir struction showing buffer and conservation easement a	sod areas and ons and material plans with all area table with foverhangs and exterior door typeing main color,
Contractor: Name, address, phone, email:		
If you are seeking a variance from any of the section of rules from which you are seeking	e Architectural Criteria or Covenants and Restriction a variance and why:	ons, identify
Cedar Island, Flagler Beach, FL, and that the my/our knowledge. I/we also certify that we Board Applications on the reverse of this for hereby grant permission to the ARB member agents to enter upon my/our property, upon	by certify that I/we are the owner(s) of the Lot above statements contained herein are true and correct have read and agree to the Instructions for Archit m and all other governing documents of Cedar Islans, HOA Board of Directors, Property Manager or request, to inspect the proposed project site, the pat such entry does not constitute a trespass.	ct to the best of ectural Review and HOA. I/we their designated
Homeowner signatures:		
	Date:	
	Date:	

Cedar Island Homeowners Association of Flagler County, Inc. Instructions for Architectural Review Board Applications

- 1. NONREFUNDABLE submission fee of \$100 must be submitted with form, payable to Cedar Island Homeowners Association of Flagler County, Inc. If approved, additional \$1,400 due within ten (10) days of applicant's receipt of final approval.
- 2. NO WORK MAY BEGIN until plans are approved in writing by the ARB.
- 3. <u>Compliance with Rules</u>. All work shall be in compliance with the Declaration of Covenants and Restrictions for Cedar Island and the Architectural Criteria for Cedar Island as revised August 2022. Please request a copy of these documents if you do not already have them and review them to ensure your project is in compliance prior to submittal of the application.
- 4. <u>Prerequisite to Application</u>. The ARB will not consider an application for review if the applicant is delinquent in paying HOA dues, special assessments or fines or has been notified of a violation which has not yet been corrected as of the date of the application submittal.
- 5. <u>Information Required</u>. The information to be submitted for review shall include but not be limited to the documents identified on the front of this application (contained in Section III of the Architectural Criteria for Cedar Island). You may include photos or the URL of a website showing the proposed color, material or item(s) to be installed, if you believe they may assist the ARB in its decision.
- 6. <u>Submittal address</u>. Applications, required documents and all communications should be submitted to Cedar Island Homeowners Association c/o Watson Assoc. Mgt., 435 S. Yonge St., Suite 3, Ormond Beach, FL 32174 Phone 386-252-2661 Fax 386-673-4943.
- 7. Committee Approval/Disapproval. Plans will be reviewed at the next scheduled meeting of the ARB after the submittal date. If a meeting of the ARB is not already scheduled for the next thirty (30) days after the date of the submittal, a special meeting of the ARB will be called to review the plans. The ARB shall give notice to the applicant, adjacent property owners, and the Board of the date, time and place of the meeting at which the plans are reviewed, in addition to the required 48-hour posting in the community. The applicant may (but is not required to) attend to answer questions concerning the submittal. Adjacent property owners may also offer comments on the application. At this meeting, the ARB will issue its decision to (i) approve the application submitted, (ii) approve the application with conditions, or (iii) deny approval. No approval shall be final until management company acknowledges receipt by countersigning the decision.
- 8. Other Requirements: Applicant is responsible for obtaining any necessary city, county, state or federal permits; any ARB approval is conditioned upon applicant obtaining any such governmental approvals as may be required. Obtaining city, county or state permits does not relieve the applicant from obtaining ARB approval for any matters which require ARB approval.
- 9. Rescission of Approval. The ARB may revoke or rescind the project approval and require the applicant to restore the property to its former condition at applicant's expense, if: (a) applicant fails to comply with the approved plans or any conditions attached thereto or otherwise deviates from the approved plans; (b) violates any other rules, restrictions or covenants of the HOA in carrying out the approved plans;

(c) fails to commence work on the approved project within 180 days of approval; or (d) fails to complete the approved project by the date specified by the ARB.

FOR HOA USE ONLY:				
Date form received at Watson:	Application fee received \$	Check No	Date:	
Date Submittal documents reviewed	If deficiencies, date app notified of additional req			
Date corrected documents received at Watson				
Property inspection date	Property inspected by			
ARB meeting date				
Meeting decision (see attached ARB Decision)	approved contingent approv	val denied		
If approved, final application fee received: \$	Check No. Date	:		

Cedar Island HOA - ARB Decision

Applicant		
Project Address		
Meeting Date:		
Approved as submitted		
Approved contingent upon:		
Denied. Reason for denial		
ARB Chair Signature	Date	
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Print name:		
Time name.		
Management Company Signature	Date	
Print name:		