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 Bill Bishop at bill.bishop@ gmx.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:

□ Landscaping Additions/Modifications
□ Exterior Paint
□ Exterior Lighting/Solar Lights
□ Patio/Terrace/ Decks
□ Pavers/Driveway/Paver Extensions
□ Awnings
□ Other Exterior Modification
□ Patio Furniture Visible
□ Spa/Jacuzzi
□ Other: ____________________
□ Play Structure/Playgrounds
□ Pool Installation
□ Fence
□ Hurricane Shutters
□ 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:

□ Color plan(s)
□ Drainage Surface Water Plan
□ Initial or Revised Plan(s) and/or Specification(s)
□ Material(s) Designation Plan/Sample(s)
□ Property Survey, showing location of Modification(s)
□ Sample(s) and/or Picture(s)
□ Contractor License/Insurance Naming Assoc. as Cert. Holder
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. Owner agrees to comply with the Association Documents including, but not limited to, the Declaration, in all respects. 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