

SANDESTIN OWNERS ASSOCIATION, INC.
Architectural Review Application Form

Exterior Alteration/Modification Application
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PROJECT ADDRESS: _____ DATE: _____

Is this a modification to recently approved plans: Yes _____ No _____

OWNER:

Name

Street City State Zip

Telephone/Cell Email

CONTRACTOR:

Name

Street City State Zip

Telephone/Cell Email

REVIEW FEE: \$250 -- Review fee for modifications 1,001 sq ft and greater

OWNER COMPLIANCE \$1,000 -- minor modification—adding 1,000 sq. ft. and under
DEPOSIT: \$2,500 -- major modification—adding in excess of 1,001 sq. ft.

BUILDER COMPLIANCE
DEPOSIT: \$1,000 -- minor modification—adding 1,000 sq. ft. and under
\$2,500 -- major modification—adding in excess of 1,001 sq. ft.

IMPACT FEE: \$_____ -- impact fee \$0.25/sq. ft. based on _____ sq. ft.

TOTAL: \$_____ CHECK NUMBER: _____

MAKE CHECKS PAYABLE TO SOA-ARB

CONCEPTUAL REVIEW: Yes: _____ No: _____

If yes, advise specifically what is being considered: _____

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APPROXIMATE START AND FINISH DATE: _____

Variance being requested: Yes _____ No: _____ (Variance Request Form needed, if applicable.)
If yes, provide specifics below and identify on site plan:

DESCRIPTION OF CHANGES DESIRED: Give full details of purpose and/or reason and location on the property. All proposed modifications must be listed. Items not listed will not be included in the review.

If the alteration/modification involves a change in COLOR ONLY, please attach a color/paint sample along with the paint or stain type and number. Colors may also be required to be posted on site.

Please include the following items if applicable to your modification request: (Refer to the ARB Guidelines for specific requirements.)

- a) Site plan with modification noted (include setbacks and easements)
- b) Additional landscaping, fencing, etc.
- c) Materials list (including color) to be used
- d) Architectural plans to scale with changes noted
- e) Specifications
- f) Photos of existing structure
- g) A scaled comprehensive landscape plan is required for all landscape modifications and must indicate existing material, demolition, and new material, quantity, size, and placement.

The following is required to be on file for the duration of every project:

Contractor Certificate of Insurance with the SOA listed as a Certificate Holder, including:

- A. Proof of Liability Insurance
- B. Proof of Workers Compensation Insurance, or an Exemption certificate.

All contractors must sign an agreement provided by the SOA ARB that states they have read, understand, and will comply with the ARB Guidelines.

AGREEMENT OF OWNER

I am an owner of property located at the following address within the Sandestin property:

_____.

I have received, reviewed, and agree to abide by the Architectural Design Guidelines of the Sandestin Owners Association, Inc. (the "Guidelines").

I acknowledge that if I or my contractor, subcontractor or any of my employees or agents violate any provision of the Guidelines, I may be subject to fines and penalties, including but not limited to, monetary fines and an order to Stop Work. I also acknowledge that my contractors, subcontractor and/or any of my employees or agents could be denied access to the Sandestin property for violations of the Guidelines.

BY: _____
OWNER SIGNATURE

PRINT NAME

DATE: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

NOTARY PUBLIC

(Stamp/Seal)

AGREEMENT OF CONTRACTOR

I am a contractor or subcontractor doing business in Walton County, Florida. I have been employed to perform work at the following address within the Sandestin property:

_____.

I have received, reviewed, and agree to abide by the Architectural Design Guidelines of the Sandestin Owners Association, Inc. (the "Guidelines").

I acknowledge that if I or any of my employees or agents violates any provision of the Guidelines, I and/or my company may be subject to fines and penalties, including but not limited to, monetary fines, an order to Stop Work, and denial of access to the Sandestin property.

BY: _____
CONTRACTOR SIGNATURE

PRINT NAME

COMPANY NAME

DATE: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

NOTARY PUBLIC

(Stamp/Seal)