

**PLUM BAY HOMEOWNERS ASSOCIATION
APPLICATION FOR REVIEW BY
THE ARCHITECTURAL CONTROL COMMITTEE (ACC)**

Name: _____ **Date:** _____
Address: _____
Day Phone: _____ **Evening Phone:** _____

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described below, or on additional attached pages as necessary. Please include such details as dimensions, materials, color, design, location and any other pertinent data. Use photography and/or samples as may be helpful. **Be as specific as possible.** Reference the criteria category in the ACC Manual (land, building, ground, pool etc.)

Description _____

Name of Contractor _____

I understand and will comply with the following:

1. If the modification is not completed as approved by the data listed below, the HOA may revoke the approval and, at the homeowners expense, cause the streetscape and common areas to be returned to their original finished appearance and to remove any objectionable work in progress.
2. I am responsible to pay for and repair any and all damages done to the common areas, as a result of the modification.
3. To comply with all applicable state, county, or city building codes, and to obtain all necessary permits.
4. To abide by the decision of the ACC, or the Board of Directors.
5. That if the modification is not approved, or does not comply, I/We may be subject to court action by the Association: and, that I/We shall be responsible for all reasonable attorneys' fees.
6. **Please provide a copy of the contractor's business license and insurance with your application.**

The Plum Bay ACC does not, in any way, assume responsibility for compliance with any or all governmental laws, regulations or code ordinances.

HOMEOWNER AFFIDAVIT: *I have read the Plum Bay covenant restrictions and rules & regulations and agree to abide by its policies, procedures and criteria. No work will be commenced without the approval of the Architectural Control Committee.* Please note that the paint/color scheme may NOT be the same as the home on either side of your home or as the home across the street.*

Date of Request: _____ **Signature of Homeowner:** _____

FOR ASSOCIATION USE ONLY

ALL APPROVALS ARE CONTINGENT ON HOMEOWNER COMPLYING WITH ALL APPLICABLE STATE, COUNTY OR CITY BUILDING CODES AND OBTAINING PERMITS. ALL APPROVALS ARE GOOD FOR 90 DAYS FROM THE DATE OF THE APPROVAL. IF YOU FAIL TO COMPLETE THE PROJECT IN THOSE 90 DAYS YOU MUST REAPPLY. ONCE PROJECT IS COMPLETE YOU MUST CONTACT MANAGEMENT.

- Approved by H.O.A.
- Preliminary approval subject to review
- Insufficient information submitted - - resubmit
- Not Approved (noted)

Signed: _____ **Date:** _____

c/o Lindsay-Taylor Property Management, Inc.
4300 N. University Dr. Suite A-102 Lauderhill, Fl. 33351
Office (954)747-3255 * Facsimile (954) 749-5916