

**THE LANDINGS AT PLANTATION BAY HOMEOWNERS ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE
MODIFICATION REQUEST**

Applicant Name: _____

Property Owner Name (if different from Applicant): _____

Contractor Name (if applicable): _____

Property Address: _____

Mailing Address: (if different then Property Address): _____

Lot #: _____

Phone: (H) _____ (W) _____ (cell) _____

Date Submitted: _____ Email address: _____

In accordance with The Landings at Plantation Bay Declaration of Covenants and Restrictions (C & Rs), I hereby request approval of the ARC to make the following modifications to the residence listed above:

Please provide a brief description of proposed change _____

Please attach a detailed (to scale) drawing of your plans, samples of colors and materials, a copy of your survey and site plan of proposed improvements and any photos that may assist in ARC review of this Modification Request.

Applications must be filled out completely and supporting materials submitted before being accepted. Submit to the Property Manager by the Friday before the next scheduled meeting.

Is this an amendment or additional information to a previous submittal? ☐ YES ☐ NO

If yes, approximate date of previous submittal: _____

Upon approval, the work shall start approximately _____ and be completed by
(date)

approximately _____.
(date)

I understand that under the covenants, the Committee will act on this request and provide me with a written response of their decision within forty-five (45) days of receipt of my submittal by the Property Manager. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the ARC or AMC through Property Management.
2. All work will be done at my expense and all future maintenance will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workmanlike manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to my neighbors.
 - a. All work will begin within 180 days of approval. All approvals are rescinded if work has not commenced within 180 days of approval. Once an approval is rescinded, I agree to resubmit.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors and employees who are connected with this work.
7. I will be responsible for the work to comply with all applicable federal, state and local laws, codes, regulations and requirements in connections with this work, and I will obtain all necessary governmental permits and approvals for the work. I understand and agree that The Landings at Plantation Bay Homeowners Association, its Board of Directors, its agents and the AMC have no responsibility with respect to such compliance and that the Board of Directors or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulation or governmental requirement.

Signature of Applicant

Submit BY MAIL this application and support documentation to:

**The Landings at Plantation Bay HOA
c/o Vesta Property Services
411 South Central Ave., Suite B
Flagler Beach, FL 32136
Phone: 386-439-0134**

FOR PROPERTY MANAGER USE ONLY:

Application Received: _____

Applicant's Name (Print): _____

Applicant's Address: _____

Applicant's Account Status: ☐ Current ☐ Past Due \$ _____

Any Current Violations on this Property: ☐ Yes ☐ No

Violation(s): _____

Approved: ☐ Yes ☐ No DATE _____

Limiting Conditions:

Comments:

ARC or AMC Members:

Signature: _____

Signature: _____

Signature: _____

Signature: _____