

# GULF COVE POINT ARCHITECTURAL APPLICATION

This form must be completed and approved **PRIOR** to any alteration to the exterior of your home and/or property. This completed form must be submitted to **Management One** via USPS mail, or email to [camassistant@outlook.com](mailto:camassistant@outlook.com) for Board consideration.

Owner Information		
Owner (1) Name:	Phone:	Email:
Owner (2) Name:	Phone:	Email:
Gulf Cove Point Address:		

Description of Alteration (Please type or write in the space below)

Contractor Information		
Contractor Name:	Phone:	Email:
Contractor Address:		

- You must attach copies of the following to this application:**
1. A copy of the Contractor's License and Insurance Certificate
  2. A copy of your lot survey with a sketch showing alteration location and dimensions, and materials
  3. Include photos of Products and Materials to be used showing colors (including paint swatches), sizes & types of materials to be used
  4. License & Insurance of person doing the work unless you are doing it your self

Association approval does not waive owner from obtaining **ALL** necessary approvals and permits from governing municipalities. All copies of required permits must be provided to **Management One** prior to the commencement of work. The Architectural Review Committee or Management One shall have no liability or obligation to determine whether such improvement, alteration and/or addition comply with any applicable law, code or ordinance. It will be your responsibility to see that the construction or the installation of the alteration or improvement is completed in a good and workman-like manner, in accordance with the plans submitted by you and incorporated herein. By constructing this improvement or alteration, you agree to hold Gulf Cove Point Property Owners Association and its officers and Management One harmless from any personal injury or property damage, which may result from said alteration or improvement. If it becomes necessary to remove this alteration or improvement, you are solely responsible for same, including the removal of all debris, at your expense. You will be responsible to maintain the alteration or improvement and keep it in good condition. **If you agree to these conditions, sign below and return this form to Management One. Signing and submitting this form does not constitute approval. Approval can only be granted by the Architectural Review Committee and evidenced by an authorized signature. NO WORK CAN BE DONE UNTIL WRITTEN APPROVAL**

➡ Applicant (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➡ Applicant (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Actions Taken By The Association	
Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Changes <input type="checkbox"/> Not Approved	Changes Needed for Approval or Reason Why Project Was Not Approved: _____ _____ _____
Authorized Signature by The Design Review Board: _____	