

OCEAN RIDGE HOA

ALTERATION APPLICATION

**PLEASE SUBMIT COMPLETED APPLICATION AND \$25 REVIEW FEE
PAYABLE TO: OCEAN RIDGE HOMEOWNERS ASSOCIATION**

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ LOT: _____

PHONE: (____) _____ EMAIL: _____

All applications requesting approval for any alteration which occurs outside the exterior walls of the building MUST BE ACCOMPANIED BY A COPY OF YOUR LOT SURVEY WITH THE ALTERATION DRAWN ON IT, SHOWING LOCATIONS, DISTANCES AND DIMENSIONS. INCLUDE A SKETCH INDICATING SIZES, HEIGHTS, MATERIALS, COLORS, TYPE OF CONSTRUCTION AND OTHER PERTINENT INFORMATION AS MAY BE NECESSARY. IF THIS INFORMATION IS NOT INCLUDED, YOUR APPLICATION WILL BE RETURNED TO YOU.

DESCRIBE IN DETAIL THE TYPE OF PROPOSED ALTERATION & MATERIALS TO BE USED. ATTACH ADDITIONAL PAGES TO THIS APPLICATION AS NEEDED.

If approval is granted, it is not to be construed to cover approval of any County or City Code Requirements. A building permit from the appropriate building department is needed on most property alterations and/or improvements. The Architectural Review Board (the "ARB") shall have no liability or obligation to determine whether such improvement, alteration and/or addition comply with any applicable law, rule, regulation, code or ordinance. It is the owner's responsibility to ensure that they are in compliance with any applicable law, rule, regulation, code or ordinance.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, the applicant, their heirs and assigns thereto, hereby assume sole responsibility for the repair, maintenance and/or replacement of any such change, alteration or addition. IT IS UNDERSTOOD AND AGREED, THAT THE ASSOCIATION IS NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, MAINTAIN AND/OR REPLACE ANY SUCH APPROVED CHANGE, ALTERATION OR ADDITION, OR ANY STRUCTURE OR ANY OTHER PROPERTY. THE HOMEOWNER AND THEIR ASSIGNS ASSUMES ALL RESPONSIBILITIES FOR ANY CHANGE, ALTERATION OR ADDITION AND ITS FUTURE UPKEEP AND MAINTENANCE.

I agree not to begin the proposed alteration or any other property improvements requiring approval from the ARB until the ARB notifies me in writing of its decision. I understand that all approvals automatically incorporate the conditions set forth in ARB Guidelines as currently adopted by the Board of Directors. I understand that the ARB **may take no longer than thirty (30) days from receipt of a complete application**, to process, review and render a decision on this Alteration Application. **If any change is made that has not been approved, the Association has the right to require me to remove the improvement from my property.**

DATE: _____ OWNER'S SIGNATURE: _____

DATE: _____ OWNER'S SIGNATURE: _____

With your signature, as indicated on this form, you acknowledge that your adjacent owners (i.e. rear and/or sides), have been informed regarding the nature of your ARB Project(s). You are not seeking their approval, you are informing them of the ARB project(s) you are planning, which will allow them to attend the ARB meeting to express any concerns or comments about your Project(s). Informing them can be achieved either verbally or by obtaining their signature as indicated below. Adjacent owner(s) signatures will be required for ARB projects involving installation of structures as defined in the current Ocean Ridge CCR's and or Design Guidelines. In order to meet current guidelines, please refer to those criteria on fences (Section A3.12 Fencing) and structures (Section A2. Structures) before submitting your application.

Left side:

Right side:

Rear: _____

ACTION TAKEN BY THE ASSOCIATION:

Date: _____

APPROVED: _____

NOT APPROVED: _____

Approved with CONDITIONS _____ Conditions are stated here or on attached sheet or letter.

Authorized Signature for the Architectural Review Committee: _____

NOTE: Application approvals are valid for a period of six (6) months and a new Alteration Application must be submitted after that time has elapsed if the approved project has not commenced.

Send Completed Application to: Alsop Property Management

PO Box 1389 St. Augustine, FL 32085

or you may submit the completed application to: yv@alsopcompanies.com