

MEETINGS ARE SCHEDULED AND HELD AS NEEDED

**MAGNOLIA PLANTATION
ARCHITECTURAL REVIEW APPLICATION
(ROOF)**

Date Received: _____ Lot: _____ Block: _____
Date Reviewed: _____ Subdivision: _____
Applicant: _____ Street Number: _____
(Must be lot owner)
Applicant Telephone: _____ Licensed Roof Company: _____
Telephone #: _____ Contact Person: _____
(Applicant, Contractor, or Qualified License Roof Company)

SITE PLAN - YOU MUST ATTACH PROPOSED SITE PLAN. PLEASE COMPLETE THE FOLLOWING INFORMATION

Type _____ Color _____ Style _____

NOTE: You are responsible for the accuracy of all measurements submitted. Actual construction must conform to the approved measurement. Please be accurate.

This approval is valid for sixty (60) days from date hereof. If construction is not commenced within sixty (60) days of date of approval of this application, applicant must re-submit for a new approval before commencing construction.

Have you closed on this lot? _____ Date: _____

1. No changes are to be made in approved application without prior approval of the Board.
2. Applicant agrees to remove all debris from the lot and from Bluewater Bay.
3. **APPROVAL NOT EFFECTIVE UNLESS APPLICATION PICKED UP AND SIGNED IN APPROPRIATE PLACE AFTER REVIEW.**

Applicant and contractor are responsible jointly and severally for fulfilling the requirements set forth herein.

I have read and agree to abide by the above requirements and the recorded Covenants and Restrictions of this subdivision.

Date Submitted

Signature: Applicant

Date Picked Up
& Initials

Signature: Contractor

Approval does not relieve the Applicant or Builder from compliance with all applicable building codes and any County, State and Federal requirements. Applicant or Builder must also be in full compliance with subdivision restrictions and covenants unless specifically waived by the Board in writing.

This application has been approved/not approved, this _____ day of _____ 202__

Association Architectural Review Committee

By: _____

Committee Comments:
