ROTONDA SANDS CONSERVATION ASSOCIATION, INC.

Application for Architectural Review April 2017

I/We,, as O	WNER(S) and I,	, as		
CONTRACTOR/BUILDER hereby submit the attact by Rotonda Sands Conservation Association, Inc. (A Construction as amended from time to time for Architecture).	Association) and Association adopted Guidelin	es for New		
of the provisions of the Restatement of Covenants at April 26, 2016. This Application is for BLOCKSubdivision.	nd Restrictions as recorded in Charlotte Count	y, Florida on		
Both the Owner(s) and Contractor/Builder acknowled Contractor/Builder and his Sub Contractor/Builders Restrictions and attached New Construction Guideling enforce the provisions of the Restrictions or Guideling reasonable attorney's fees, arbitration fees and costs	and further agree to comply with the provision nes. Should there be any legal action or arbitr nes, the prevailing party shall be entitled to rec	ns of the ation to		
Please indicate which party will be responsible for la Contractor/Builder(In	±	nitials)		
By your signature(s) below you agree to have the lar days of Certificate of Occupancy. Failure to install p specified timeframe may result in the withholding of	proper landscaping and/or sight screening with	in the		
By their signatures below, Owner(s) and Contractor/suggested or endorsed their choice of Contractor/Bu		ecommended,		
By their signatures below, Owner(s) and Contractor, New Construction Guidelines, the New Construction application must be completely, correctly and proper	n Compliance Program, and this Application.			
Signature of Contractor/Builder or Authorized Repre	esentative Type or Print Name			
Witness	Owner			
Witness	Owner			
The foregoing instrument was acknowledged before by	me this day of , Owner(s) who is/are personally known to r	, 20, ne or who		
produced as ic	lentification.			
(NOTARY SEAL)	Notary Signature			
	Type or Print Notary Name			
	My Commission Expires			

ROTONDA SANDS CONSERVATION ASSOCIATION, INC.

CONTRACTOR/ BUILDER:		OWNER:		
ADDRESS:		ADDRESS:_		
CITY:		CITY:		
STATE:	_ ZIP:	STATE:		ZIP:
PHONE:		PHONE:		
EMAIL:		EMAIL:		
PROPERTY STREET	`ADDRESS:			
PERMIT#		BLOCK:	L	OT:
SITE AND DRAINAG ONE FULL SET OF I BASIC LANDSCAPE SIGHT SCREEN PLA SWIMMING POOL F		D: TTACHED:	YES YES YES	NO NO NO NO NO
LIVING AREA (SQ.F (minimum living area	T.): size is 1600 sa ft)			area is 400 unobstructed sq ft)
	• /	,		
COLORS:	Main Body of House_ Trim (quoins, bands, f Soffit Doors: (Garage)	ascia, etc.) Windo	ow Frames _	
				n Williams-SW 19834 <u>AND</u> ce, the word "white" will suffice
1. Will lawn sprin	nklers or other improve	ements be installed or	n the canal o	r lake bank easement?
2. ROOF: ASPHALT	TILEOT	HERCOL	OR	PITCH
BRAND	1 1 1	T	YPE	
	gles are used, <u>they mus</u> gles are <u>not permitted</u> .	t be dimensional.		

3. ROOF OVERHANG: (See Guidelines for New Construction for roof detail)

On the roof overhang sketches below, please indicate on the dimension lines the length of the overhangs.

MAIN ROOF	BAY WINDOWS & BUMP OUTS	GABLE ENDS
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<u>NOTE</u>: Please show these same dimensions on all of the elevations in your building plans. Handwritten dimensions will suffice if not already indicated.

A representative of the Association shall have the right to enter the building site (exterior) at any time during construction for the purpose of determining compliance with the specifications. The site will be inspected on several occasions.

The Association wishes to extend to all homeowners and builders a sincere spirit of cooperation. Please call the Association with any questions concerning specifications and assistance needed in completing this form.

Comments:	
To Be Completed by Association Office:	
Date Received:	Review Date:
Approved: ()	Disapproved: ()
Reasons(s):	
	D
	By:

ROTONDA SANDS CONSERVATION ASSOCIATION ARCHITECTURAL REVIEW P.O. BOX 520, PLACIDA, FLORIDA 33946 3754 CAPE HAZE DR., ROTONDA WEST, FLORIDA 33947 PHONE: (941) 697-9722 FAX: (941) 697-0738