



## ARCHITECTURAL REQUEST FORM

Date Received

**\*\* Allow 30 days for reply \*\***

Office Use Only  
Acct#

**All applications are due by noon 8 days prior to the ARC meeting.**

**A \$10 fee, payable by check to Fern Meadows HOA must be submitted with this application. Applications may be mailed to the address above, hand delivered, or mailed to the Association's Property Management Company.**

The acceptable standard for appearance of property within Fern Meadows HOA (FMHOA) is based on Declaration of Covenants and Conditions and Restrictions (CC&R'S) and is legally binding upon each residential property owner. The CC&R's require that an owner of property within the community obtain prior written approval for any exterior alteration or addition to their property. All requests are subject to the Fern Meadows CC&R's, as well as rules and guidelines of the applicable subdivision. Please make sure you have read and understand the rules prior to completion of any Architectural Request.

Approval of your request is based in part on the information stated herein. Failure to answer all questions fully and accurately, ambiguity in design or faulty measurement may result in denial of your request.

Name \_\_\_\_\_ Property Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_

Work to be done:  Concrete / Block  Carpentry  Roofing  Electrical  Painting  Landscape  Fence  Other

**PLEASE PROVIDE:**

1. Photos of the area to be changed.
2. Samples of materials to be utilized (brick, stone, tile, fabric, paint, color palette, etc).
3. Plot map showing location of project on property and distance from all property lines and setbacks.
4. One set of plans or drawing(s) depicting locations, dimensions, materials, finish, colors, etc.,  
 (These items will not be returned but will become the property of FMHOA and will be placed in members file.)

Please provide a detailed description of the project (use additional sheet if necessary).

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**If request is for exterior painting, include color names and color codes with application.**

**PLEASE ANSWER THE FOLLOWING**

(Visit <http://www.cocoafl.org/index.aspx?NID=145> for Cocoa Building Permit Information)

1. This Project requires:  City Building Permit  Public Notice
2. Will there be a change in height of existing structure because of your project?  YES  NO
3. Will your project block the view of the common area of another homeowner?  YES  NO
4. Have you checked for easement encroachment?  YES  NO
5. Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

It is recommended that any project that consists of more than just a minor improvement should be completed by a Florida-licensed contractor who is fully insured, carries Workers' Compensation Insurance, and is in good standing with the Florida Department of Business & Professional Regulation (DBPR). DBPR information can be found online at <http://www.myflorida.com/agency/14/>.

**Solar Systems:** FMHOA Member agrees and is responsible for the maintenance and upkeep of all solar system components and apparatuses associated with the solar system, and any conditions advised by the manufacturer regarding maintenance and operation, including and not limited to, any maintenance or other accompanying provisions stated in the governing documents of the association. Member also takes full responsibility for any issues pertaining to or resulting from the solar system, and must address any potential adverse effects prior to installation, including but not limited to, noise, glare, location, design, color, heat, etc., of panels and apparatuses associated with the solar system and its mechanicals, and holds the association harmless to any adverse actions or effects regarding the solar system from neighbors, governmental officials, or any other potential party.

**Blueprint Review:** (Applies to Blueprint submittals) The Committee's review and approval is limited to, and only pertains to, the items described and spelled out on the front of this form, or on an attachment clearly specifying each requested improvement or change. The fact that any "other" information, improvement, or modification that is not clearly spelled out or clearly shown on the plan(s) submitted does not mean that it is considered a part of the submittal, and may be rejected by the committee after modifications commence.

**PLEASE READ THE FOLLOWING TERMS & CONDITIONS CAREFULLY BEFORE SIGNING:**

1. All applicable codes and regulations will be followed and all necessary permits will be obtained and included with this request.
2. I have read and understand all applicable sections of the FMHOA Governing Documents (CC&R'S).
3. I agree to notify FMHOA ARC upon completion of this project. I understand that the office may conduct a follow-up inspection to ensure completed project is in compliance with request as approved.
4. I understand that if any Association owned property, common areas of the Association or the like, are disturbed, altered or damaged due to this Architectural Request, I will assume full responsibility to return the altered and damaged area(s) back to its original condition. If damaged area is not repaired within a reasonable amount of time, or not repaired to the Association's satisfaction, the Association has the right to repair the damage and charge back to me all applicable cost.
5. I UNDERSTAND THAT NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED. IF WORK IS BEGUN WITHOUT PRIOR WRITTEN APPROVAL, I UNDERSTAND IT IS IN VIOLATION AND I MAY BE ASKED TO REMOVE IT.

By signing below, I certify that I am the owner of record of this property, that to the best of my knowledge all of the information contained in this request is true and accurate and that I have read and fully understand all the Terms and Conditions contained herein.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All approved projects must be started within 90 days of approval or a new request must be submitted.**

**For Office Use Only**

Additional Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request Reviewed by FMHOA Architectural Review Committee (FMHOA ARC):**  YES

NO **FMHOA ARC Decision:**

- |  |   |                                 |   |
|--|---|---------------------------------|---|
| <input type="checkbox"/> APPROVED                              | <input type="checkbox"/> APPROVED WITH CONDITIONS | <input type="checkbox"/> DENIED | <input type="checkbox"/> INSUFFICIENT INFORMATION |
| <input type="checkbox"/> VIOLATION OF ARCHITECTURAL GUIDELINES | <input type="checkbox"/> VIOLATIONS OF CC&R'S     | <input type="checkbox"/> OTHER  | <input type="checkbox"/> TABLED                   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FMHOA ARC Representative Signature

Date