

ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.

APPLICATION FOR ARCHITECTURAL REVIEW

April 2017

I/We, _____, as OWNER(S) and I, _____, as CONTRACTOR/BUILDER hereby submit the attached plans, specifications and other information as required by Rotonda Heights Conservation Association, Inc. (Association) and Association adopted Guidelines for New Construction as amended from time to time for Architectural Review (Application) in accordance with Article 7 of the provisions of the Third Amended Restatement of Covenants and Restrictions as recorded in Charlotte County, Florida on January 23, 2015. This Application is for LOT _____, Rotonda Heights Subdivision.

Both the Owner(s) and Contractor/Builder acknowledge that Owner(s) is responsible for all actions of Contractor/Builder and his Sub Contractor/Builders and further agree to comply with the provisions of the Restrictions and attached New Construction Guidelines. Should there be any legal action or arbitration to enforce the provisions of the Restrictions or Guidelines, the prevailing party shall be entitled to recover reasonable attorney's fees, arbitration fees and costs.

Please indicate which party will be responsible for landscape and sight screen installation:

- Contractor/Builder** _____ (Initials) **Owner** _____ (Initials)

By your signature(s) below you agree to have the landscaping and sight screening installed within sixty (60) days of Certificate of Occupancy. Failure to install proper landscaping and/or sight screening within the specified timeframe may result in the withholding of any deposits and/or notice of a deed restriction violation.

By their signatures below, Owner(s) and Contractor/Builder confirm that the Association has not recommended, suggested or endorsed their choice of Contractor/Builder.

By their signatures below, Owner(s) and Contractor/Builder have received a copy of the Deed Restrictions, the New Construction Guidelines, the New Construction Compliance Program, and this Application. This application must be completely, correctly and properly executed.

Signature of Contractor/Builder or
Authorized Representative Type or Print Name

Witness Owner

Witness Owner

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, Owner(s) who is/are personally known to me or who produced _____ as identification.

(NOTARY SEAL)

Notary Signature

Type or Print Notary Name

My Commission Expires

ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.

CONTRACTOR/
BUILDER: _____ OWNER: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____
PHONE: _____ PHONE: _____
EMAIL: _____ EMAIL: _____

PROPERTY STREET ADDRESS: _____

PERMIT# _____ LOT: _____

BOUNDARY AND TOPOGRAPHICAL SURVEY ATTACHED: YES _____ NO _____
SITE AND DRAINAGE PLAN ATTACHED: YES _____ NO _____
ONE FULL SET OF BUILDING PLANS ATTACHED: YES _____ NO _____
BASIC LANDSCAPE PLAN ATTACHED: YES _____ NO _____
SIGHT SCREEN PLAN ATTACHED: YES _____ NO _____
SWIMMING POOL PLAN ATTACHED: YES _____ NO _____
Pool Cage Color: Bronze or White

LIVING AREA (SQ.FT.): _____ GARAGE SIZE: _____
(minimum living area size is 1500 sq ft) (minimum garage area is 400 unobstructed sq ft)

EXTERIOR WALLS: MATERIAL _____ FINISH _____
COLORS: Main Body of House _____
Trim (quoins, bands, fascia, etc.) _____
Soffit _____ Window Frames _____
Doors: (Garage) _____ (Entry) _____

DRIVEWAY: Concrete or Pavers If pavers, please provide color _____

*Note: Please list the paint manufacturer & paint number. Example: Sherwin Williams-SW 19834 **AND** attach color samples to application. If pure white is being used on any surface, the word "white" will suffice.

1. Will lawn sprinklers or other improvements be installed on the canal or lake bank easement?
Yes _____ No _____

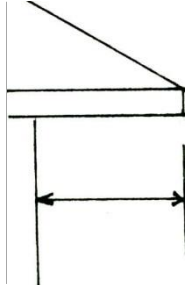
2. ROOF:
ASPHALT _____ TILE _____ OTHER _____ COLOR _____ PITCH _____

BRAND _____ TYPE _____
If asphalt shingles are used, they must be dimensional.
Three tab shingles are not permitted.

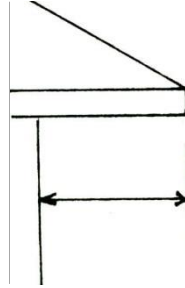
3. ROOF OVERHANG: (See Guidelines for New Construction for roof detail)

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

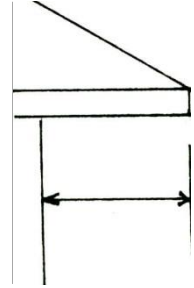
MAIN ROOF



BAY WINDOWS & BUMP OUTS



GABLE ENDS



NOTE: 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.

Additional Comments: _____

To be completed by Association office:

DATE RECEIVED: _____

REVIEW DATE: _____

APPROVED: (_____)

DISAPPROVED: (_____)

Reasons(s): _____

By: _____

***ALL APPROVALS ARE CONTINGENT UPON MEETING ALL COUNTY CODE/REQUIREMENTS**

ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.
ARCHITECTURAL REVIEW
P.O. BOX 3100, PLACIDA, FLORIDA 33946
3754 CAPE HAZE DR., ROTONDA WEST, FLORIDA 33947
PHONE: (941) 697-9722 FAX: (941) 697-0738