

**Mariana Oaks Homeowners Association, Inc.
Design Review Application**

Please hand deliver or mail, and also email to:

Executive Management Services
Attn: Kayla McKee
PO Box 13089
Tallahassee, FL 32317
Phone: 850-878-3134 ext 306
Email: kayla@mycamfirm.com

Applicant: _____

Name: _____

Address: _____

Lot, Block & Phase: _____

Telephone: _____

Email:

Please list Builder or Contractor information below: _____

Builder or Contractor: _____

Contact Person: _____

License Number: _____

Address: _____

Telephone: _____

Email:

Please check the type of submittal being made below. For a Submittal Package to be complete, include two (2) signed copies of this application, the Design Review Fee (\$150.00), two (2) printed sets and one (1) digital set (via email) of the following items; Site Plan, Architectural Plan, Material Sample Submittals, Exterior Finish Schedule, and all other required information per the current Architectural Design Guidelines.

- New Construction
- Renovation
- Exterior Painting
- Fence
- Outdoor Additions, including but not limited to pools, patios, play sets
- Variance Requested, please describe: _____

Other, please describe: _____

Please indicate the length of time required to complete the requested project:

Applicant hereby acknowledges and agrees to the following:

1. I understand and agree that nothing herein contained shall be construed to represent that alterations to land or building in accordance with these plans, shall not violate any of the protective covenants nor any of the provisions or Building or Zoning Codes, to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any such restriction.
2. I understand and agree that no work on this request shall commence until written approval of the Architectural Review Board (ARB) has been received by me.
3. I understand and agree that once the Submittal Package is deemed complete, all applications will be acted on per the Architectural Design Guidelines.
4. I understand and agree that a copy of this application indicating the ARB's decision shall be returned to me after action by the ARB.
5. I represent and warrant that the proposed changes requested herein conform to the appropriate Architectural Design Guidelines and that these changes shall be made in conformance with them.
6. I understand and agree that the work must be started within thirty (30) days of approval and completed within nine (9) months of the commencement of the work. Applicant must request any additional time needed, and provide sufficient reason for the ARB to consider granting extensions.

Owner's Signature: _____ Date: _____

Architectural Review Board Action

Action: _____

Additional Recommendations, Stipulations, or Remarks : _____

ARB Chairman Signature: _____ Date: _____