

**Osprey Cove Homeowners Association of Hobe Sound, Inc.**  
**ARCHITECTURAL CHANGE REQUEST FORM**  
 C/o Coastal Property Management  
 10 SE Central Parkway, Suite 400, Stuart FL 34994  
 (772) 600-8900

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Application Date

\_\_\_\_\_  
 Lot No.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Phone Number - Days

\_\_\_\_\_  
 Phone Number - Evening

\_\_\_\_\_  
 Cell Phone Number

**DESCRIPTION OF REQUESTED CHANGE**

Submit this form for all proposed additions, changes, modifications, etc., accompanied where appropriate by plans, elevations (all views), etc. In addition, submissions will include proposed colors, and patterns, materials, and all additional information necessary for the Association to make an informed decision. Any product samples will need to be available at your property for inspection if needed. **If all required information is not received with this completed application, the Association will automatically reject the application until all requested information is received. No incomplete applications will be processed.**

Project Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned acknowledges that they have read and understand this application. They also understand that until a signed approval is received, no work is to be started.

\_\_\_\_\_  
 Property Owner's Signature

\_\_\_\_\_  
 Property Owner's Signature

**CONDITIONS OF APPROVAL**

1. All Contractors must supply a copy of their License and Insurance Certificate naming Osprey Cove HOA and Coastal Property Management as additional insured to Association with this application prior to any work being performed. This requirement protects the Association and Coastal Property Management from any liability in case of accidents.
2. Copy of contractor's proposal must be provided *(If Applicable)*.
3. Sketch / drawing of the work to be done.
4. Copy of homeowner's property survey indicating location of changes or modifications *(If Applicable)*.
5. A security deposit to be determined by the ARB (minimum \$500 - maximum \$5000), is required for all applications in the form of a check from the Homeowner payable to Osprey Cove HOA of Hobe Sound Inc.  
 5A) If total cost of work is up to \$20,000 deposit must be \$500.  
 5B) If total cost of work is between \$20,000 to \$40,000 deposit must be \$1,000.  
 5C) If total cost of work is more than \$40,000 the deposit must be 2.5% of the total cost.
6. No work may commence until the Association provides written project commencement approval.
7. Owner shall notify Coastal Property Management within thirty (30) days of project completion and have property inspected to determine that all work was completed in accordance with the plans and specifications approved by the ARB.
8. Upon successful project inspection, common area elements restored to their original condition, the security deposit will be refunded, and a final project approval issued.

**The ARB recommends that Architectural Change Request applications be submitted a minimum of ten (10) day prior to the next scheduled monthly meeting. Meetings are held second Tuesday of each month.**

Date Complete Application Received: \_\_\_\_\_ Date Deposit Received: \_\_\_\_\_ Deposit Amt: \$ \_\_\_\_\_

Commencement Approval: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied