



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, and/or modifications, accompanied where appropriate by plans, elevations (all views), cut sheets and/or specifications. In addition, submissions shall include proposed colors, patterns, materials, finishes 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 (provide detail)

The undersigned acknowledges that they have read and understand this application including all conditions of approval stated below. 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 Contractor's License (*if applicable*) or if a Contractor's License is not required, provide the contractor's business tax receipt.
2. Provide an Insurance Certificate naming Osprey Cove HOA and Coastal Property Management as additional insured 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. At a minimum, Insurance Certificate shall have General Liability, Automobile, and Workers' Comp coverage.
3. A copy of contractor's proposal (*if applicable*) must be provided, including specifications, colors, and cut sheets. Samples of materials may be requested by the ARB.
4. Sketch / drawing showing the location(s) of the work to be done on the property and/or a copy of homeowner's property survey marked up to indicate location of changes or modifications (*If Applicable*).
5. Owner is responsible to ensure that any proposed additions, changes, and/or modifications shall comply with

Osprey Cove covenants, rules and easements.

6. Owner is responsible for any/all applicable building permits from governing state/local agencies.
7. Contractor working hours are limited as follows: 8:00AM – 6:00PM Monday through Saturday. No work shall be performed on Sunday. Only the contractor gate code shall be provided to contractors.
8. 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.
 - A) If total cost of work is less than \$20,000 deposit must be \$500.
 - B) If total cost of work is between \$20,000 to \$40,000 deposit must be \$1,000.
 - C) If total cost of work is more than \$40,000 the deposit must be 2.5% of the total cost.
9. No work may commence until the Association provides written project commencement approval.
10. 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. A Final Inspection is mandatory, other inspections may be required.
11. 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 at least ten (10) days prior to the next scheduled meeting. The ARB meets regularly, and notice is posted in advance.

TO BE COMPLETED BY ARB

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

Pre-Commencement Inspection performed by: _____ Date: _____

Required Not Required

Findings: _____

Commencement Approval: _____ Date: _____ Approved Denied

Notes/Conditions of Commencement Approval: _____

Interim Inspection (materials, location, structures) performed by: _____ Date: _____

Required Not Required

Findings: _____

Final Inspection performed by: _____ Date: _____

Required Not Required

Findings, including deviations from approved change: _____

Final Approval: _____ Date: _____ Approved Denied

Notes/Conditions of Final Approval: _____