

**APPLICATION FOR ARCHITECTURAL CONTROL COMMITTEE REVIEW**

Please submit through email to [Susan@signaturepropertymgmt.com](mailto:Susan@signaturepropertymgmt.com) or mail with required plans and specifications to:

Architectural Control Committee: River Marina Estates Homeowners Association, Inc.  
 c/o *Signature Property Management*  
 3232 SE Dixie Hwy, Stuart FL 34997

Name of Owner(s):		
Property Address:		
Lot	Block:	Phone:
Mailing Address (if different than property address):		

Approval is hereby requested for the following modifications, addition(s) and/or alterations as described below and on attached pages:

Type (check application box and/or describe below):

Pool     Landscaping     Screen Enclosure     Fence     Other: Explain

THIS IS A RE-SUBMITTAL?     YES     NO

Additional Information/ Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please include with this application the property survey with plans/specifications for the modifications noted on the survey. A copy of the contractor's License and Insurance must be attached if contractor is used.
- I understand that no work may commence until written approval is received.
- As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition, alteration, or change and shall indemnify and hold the Association harmless from and against all claims, causes of action and expenses (including attorney's fees) made against the Association in connection with, or as a result of, the modification to be performed under this request.
- The applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
- Approval of this request does not constitute approval of the structural integrity of building code conformance of the requested modification, and is intended solely to maintain harmonious visual aesthetics within the community.

Time for Completion of Improvements: \_\_\_\_\_ Anticipated Commencement Date: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**(FOR ACC USE ONLY)**  
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Dt. Application Received: \_\_\_\_\_  Approved     Disapproved    Dt. of Approval/Disapproval: \_\_\_\_\_

Your approval is subject to the following:

1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s)
2. Access to areas of construction is only to be allowed through your property, and you are responsible for any damages done to the Common Areas during construction.

Explanation of Disapproval: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature: Architectural Control Committee