

TO:

CASTAWAY COVE WAVE II

c/o Elliott Merrill Community Management $835\ 20^{\text{th}}$ Place

Vero Beach, FL 32960

Phone: 772-569-9853 Fax: 772-569-4300 Website: www.CastawayCove.org

CASTAWAY COVE WAVE II HOMEOWNERS ASSOCIATION APPLICATION FOR HOME IMPROVEMENT

CASTAWAY COVE WAVE II ARCHITECTURAL REVIEW COMMITTEE (ARC)

OWNER_____LOT____ ADDRESS TYPE OF IMPROVEMENT HOUSE: FENCE: SWIMMING POOL: SCREEN ENCLOSURE: EXTERIOR MATERIALS:_____ EXTERIOR COLORS:_____ LANDSCAPE:____ OTHER: DETAILS: NOTE: Sample of color, brand of paint color, permits, material, or renderings, dimensional drawings (height, width, length, elevation, setbacks) must be submitted in accordance with ARC Planning Criteria. Please provide as much detail as possible so the ARC has sufficient information to evaluate your application. TO WHOM IT MAY CONCERN: Please be advised that I/we are requesting review and approval of the indicated home improvements on the above-captioned property. I/We understand that this request must conform to the Architectural Planning Criteria as set forth in the Declaration of Covenants and Restrictions for Castaway Cove Wave II Homeowners Association and are enclosing the following documents and/or materials in compliance with same: DATE: _____ OWNER SIGNATURE(S): _ (Please note all owners of record must sign this form.) ARC APPROVAL/COMMENTS DATE _____ Signature: ARC Member COMMENTS: