

ARCHITECTURAL BOARD OF REVIEW

REQUEST FOR REVIEW AND APPROVAL FORM

****NOTE: THIS FORM MUST BE SIGNED BY THE CLUSTER PRESIDENT SIGNIFYING APPROVAL PRIOR TO SUBMISSION TO THE OVPOA ABR. NO WORK IS TO PROCEED PRIOR TO OVPOA ABR REVIEW AND APPROVAL. CLUSTER APPROVAL DOES NOT GIVE OWNER OR CLUSTER THE RIGHT TO PROCEED WITHOUT OVPOA ABR APPROVAL****

OWNER INFORMATION

Name: _____ Cluster & Unit: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____

By signing this Request for Approval, you agree that the work performed shall meet the terms and conditions specified in your proposal. If you fail to follow the approved plan, the Ocean Village Property Owners Association reserves the right to enter upon your property to remove or modify any nonconforming work at your expense.

ARCHITECTURAL CHANGE REQUEST

describe in detail

Additional information required

- Attach supporting documentation – vendor drawings, specs, proposals, license, insurance, etc.
 - **Vendor Insurance Recommendation – a minimum of \$1,000,000.00 for each occurrence and \$2,000,000.00 for general aggregate. Name the owner, applicable sub-association (cluster) and Ocean Village POA, Inc as certificate holder(s) and additionally insured.**
 - **If the owner will be performing architectural changes – please provide Homeowner's Insurance**
- Attach cluster approved policies or specifications
- Supply NOA or HVHZ No. for all impact window and/or doors
- All boundary issues to install rear patio have been verified by the Cluster
- If a crane will be used, you are confirming (1) that your Cluster has approved use of the crane and (2) that the crane will not be kept on POA property

CLUSTER APPROVAL

President Signature: _____ Date approved: _____

Printed name president: _____ Contact phone: _____

If the project requires permits, by signing this Request for Approval, you agree it is the COA's responsibility

FOR OFFICE USE ONLY

Action taken by ABR: _____

Date letter sent to Owner/Cluster: _____

REVISED 06/26