ATTACHMENT 1

( ) Approved ( ) Disapproved Date of Action_____

PELICAN HARBOUR HOA ARCHITECTURAL REVIEW BOARD (ARC) APPLICATION
c/o Advanced Property Management
1978 Rockledge Blvd Suite 106
Rockledge, Florida 32955
Email: arc@apmfla.com
321-636-4889/ Fax 321-636-4891

Note: A set of plans is required to be submitted with each application.
If doing more than one (1) project at the same time, submit a separate request (ARC) for each project.

Owner Name (print): _____ Phone # _____

Address/Location of Project Work (print): _____

Email: _____

Project Start Date: _____ Completion Date: _____

REQUIRED DOCUMENTS:
____ **Fence Plan:** a copy of plot plan with fence location sketched onto it; denote type, height, color, and gate locations.
____ **Landscaping Details**
____ **Site Plans and Elevations**
____ **Re-Roofing of Home -** Name of Contractor, Roof Type and shingle _____
____ **Screen Room or Room Addition with details**
____ **Painting Home Exterior:** Attach color samples, note body/trim/door/roof color.
Once colors are approved, **DO NOT** change colors in any way without a new ARC request.
____ **Approved Brevard County Documents (Permits, etc.)**
____ **Vendor Information and Insurance Documents**

____ Other/Remarks: _____
_____

These plans are reviewed for the limited purpose of determining the aesthetic beauty of these plans within Pelican. Harbour HOA Guidelines and Deed Restrictions. In the subjective opinion of the undersigned, these plans are approved on a limited basis. No review has been made with respect to functionality, safety, government regulations compliance, or otherwise; any party with respect to such matters should make no reliance on this approval. The undersigned expressly disclaims liability of any kind with respect to these plans, the review of, or any structures built pursuant hereto, including but not limited to, liability for negligence, breach or implied warranty.

BOARD OF DIRECTORS

President _____ **Vice President** _____

Secretary _____ **Treasurer** _____

Member at Large _____

ADDITIONAL INFORMATION NEEDED (___)

REASON FOR DISAPPROVAL: _____