

Forest Lakes Community Owners' Association

Document 4

Phase # _____ Lot# _____

FINAL DESIGN REVIEW APPLICATION

Owner(s): Name _____

Address _____

City _____, State _____ Zip _____

Tel. (____) _____ Cell (____) _____ Fax (____) _____

Architect:

Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Tel. (____) _____ Cell (____) _____ Fax (____) _____

LANDSCAPE PLAN RECEIVED _____ (Must be turned in with this application).

BUILDER/COMPLIANCE DEPOSIT: A \$5,000 deposit is required prior to construction. This deposit will offset any damage that occurs during construction, including damage to landscaping.

SUBMITTAL DATE: _____

\$1,500 COMPLIANCE DEPOSIT RECEIVED _____ CHECK # _____

APPROVAL DATE: _____ BY: _____

Forest Lakes Community Owners' Association

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Phase # _____ Lot# _____

FINAL DESIGN VARIANCE REQUEST

This form is to be completed if there are any exceptions or non-compliance items with the submittal

Owner _____ **Architect** _____
Address _____ **Address** _____

Telephone _____ **Telephone** _____
Fax _____ **Fax** _____
E-Mail _____ **E-Mail** _____

Landscaper _____ **Builder** _____
Address _____ **Address** _____

Telephone _____ **Telephone** _____
Fax _____ **Fax** _____
E-Mail _____ **E-Mail** _____

Reason for variance or change: (attach supporting documents as necessary).

Date Submitted: _____ Owner's Signature: _____

Architect/Designer:
Signature: _____

Forest Lakes Community Owners' Association

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Phase # _____ Lot# _____
FINAL DESIGN COMPLIANCE FORM

Owner _____ **Architect** _____
Address _____ Address _____

Telephone _____ Telephone _____
Fax _____ Fax _____
E-Mail _____ E-Mail _____

Landscaper _____ **Builder** _____
Address _____ Address _____

Telephone _____ Telephone _____
Fax _____ Fax _____
E-Mail _____ E-Mail _____

For DRB Members Use Only

I/We, the undersigned, hereby certify that the plans and specifications that were submitted to the Forest Lakes Design Review Board (DRB) for Final Design Review have been found to be in compliance with the Forest Lakes Design Code subject to the following comments (if any):

_____ Date of _____

Compliance: _____ DRB Signature: _____
Name / Title: _____
DRB Signature: _____

This is an important document. Please retain a copy of this document for your records

Forest Lakes Community Owners' Association

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Phase # _____ Lot# _____

MATERIALS & FINISHES LIST

Identify the proposed materials and colors as noted below. Include pertinent information or samples, such as photographs or cut sheets. Include color sample board for all painted, stained or factory-colored materials.

<u>Elements:</u>	<u>Description</u> (including manufacturer and product # as appropriate):
Site Walls	_____
Wall Caps	_____
Building Walls	_____
Foundation Walls	_____
Siding	_____
Brick	_____
Vents	_____
Doors	_____
Windows	_____
Shutters	_____
Porch Floors	_____
Columns	_____
Railings	_____
Screens	_____
Roofing	_____

Forest Lakes Community Owners' Association

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Chimneys _____

Gutters _____

Lighting _____

Date Submitted: _____

Date Approved: _____

Owner's Signature: _____

DRB Signature: _____

Architect/Designer: _____

Signature: _____

Forest Lakes Community Owners' Association

7 Town Center Loop Suite C16 PO Box 1247 Santa Rosa Beach, FL 32459

Tel: 850-267-8458

Fax: 850-622-1228

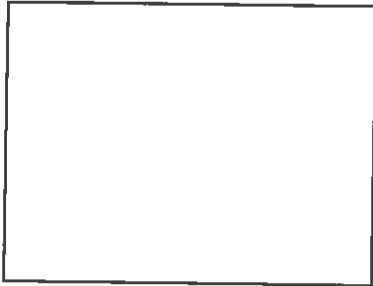
E-mail: theassn@earthlink.net

Forest Lakes Community Owners' Association

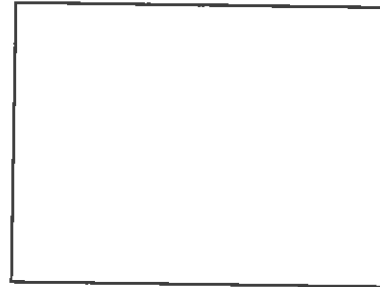
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Phase # _____ Lot# _____
COLOR SELECTION FORM

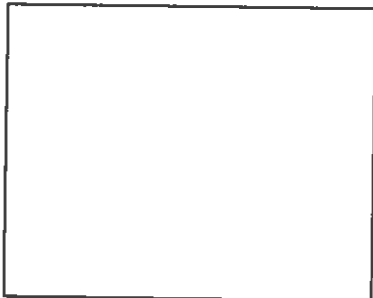
Samples must be original color chips, photocopies will not suffice.



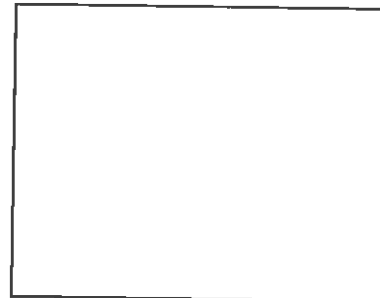
Color # _____
Manufacturer _____
Location _____



Color # _____
Manufacturer _____
Location _____



Color # _____
Manufacturer _____
Location _____



Color # _____
Manufacturer _____
Location _____

Date Submitted: _____

Approval Date: _____

Signature: _____
(Architect or Designer)

DRB Signature: _____

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Phase # _____ Lot# _____

CHANGE FORM

This form and drawings depicting the changes must be submitted by Owner and approved by the FLDRB for any exterior or site changes that are made to an approved plan during the construction process, no matter what the reason for changes.

Owner

Address

Architect

Address

Telephone

Fax

E-Mail

Telephone

Fax

E-Mail

Summary of changes: (list individually with reason for change/s and attach supporting documents as necessary).

Date Submitted: _____

Owner's Signature: _____

Architect/Designer: _____

Signature: _____

Date Approved: _____

DRB Signature: _____

Forest Lakes Community Owners' Association

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