

SADDLE OAKS COMMUNITY ASSOCIATION, INC.

Architectural Review Board

P.O. Box 924176, Homestead, FL 33092-4176

(305) 246-5867 Fax (305) 245-8020

Design Review Application

Date Requested: _____

Homeowner Name: _____

Property Address: _____

Telephones: Cell: _____ Other: _____

Describe your single request. (If you are to make more than one modification request, each request must be submitted on a separate form).

In order to process your request please mark the modification that applies to you and initial next to each requirement. By initialing you are acknowledging the requirements and these documents must be included with the application of your modification, failure to provide the requested information will result in application denial.

There is a review fee of \$500.00 made payable to Saddle Oaks Estates HOA for New Construction and Additions.

1. ___ **Building Plans for Residence & Other Planned Structures:**

Should include building elevations, square footage totals, exterior wall materials and colors, roofing materials and colors, etc.

Comments:

2. ___ **Site Plan (may be included with above Building Plans):**

Should include locations of all structures, lot setbacks and easements, driveway (including driveway materials), driveway culvert location and pipe size, and general grading and drainage plan. Should show location of all pertinent wetlands, their buffers and any mesic** Hammock boundaries. Criteria allows maximum of 12,000 square feet of impervious area including driveway.

Comments:

3. ___ **Landscaping Plan (and Fencing if applicable)**

Please provide description of areas to be Landscaped and types of plants being installed.

Comments:

4. ___ **Re-roof with style type** _____ **in the** _____ **color**

- ___ Notice of Acceptance (NOA) for shingles
- ___ License and Insurance of the Contractor
- ___ All wood/stucco repairs must be painted to match the existing approved color. This must be completed within 30 days of roof replacement.
- ___ All siding replacement must be in the same style which is existing.
- ___ County Permit is required for installation of new roof shingles.

Comments:

5. ___ **Painting**

_____ **Body Color** _____ **Trim Color** _____ **Accent Color**

- ___ License and Insurance of the Contractor
- ___ All wood/stucco repairs must be painted to match the existing approved color. This must be completed within 30 days of roof replacement.
- ___ All siding replacement must be in the same style which is existing.
- ___ County Permit is required for installation of new roof shingles.

Comments:

** Please given explanation of what will be covered with accent color:

Homeowner Signature: _____ Date: _____

=====**(For Board of Directors Use Only)**=====

Date Received: _____ Date Reviewed: _____

Architectural Review Board Notes:

Approved: _____ Denied: _____

If Denied, reason: _____
