

ARCHITECTURAL REVIEW COMMITTEE

The Gables at Town Center HOA, Inc.

(Coastal Gardens at Town Center)

Lot # _____ Block # _____ JOB ADDRESS: _____

Owner's Name _____ Phone No. _____ Email _____

Mailing Address: _____

Contractor's Name _____ Phone No. _____ Email _____

Mailing Address: _____

Description of Work to be Completed:

EXTERIOR MATERIALS & COLORS:

MUST HAVE COLOR SAMPLE WITH APPLICATION

New Construction:

EXTERIOR PAINT / WALLS – Paint Manufacturer _____ (Must be from same manufacturer)

EXTERIOR PAINT Wall Selection: _____ Trim Selection: _____

Garage Door: _____ Entry Door: _____

EXTERIOR ROOF MATERIAL: ASPHALT DIMENSIONAL Selection: OWENS CORNING: OAKRIDGE COLOR: ESTATE GREY

STONE ACCTS Style _____ Color _____

SOFFIT / FACIA Color WHITE

DRIVEWAY PAVERS Tri Circle Style: _____ Color: _____

POOL

Pool (yes/no) _____ Enclosure Type and Color: _____

OTHER (patios, landscaping, exterior alterations, etc.):

Description: _____

***Fences:** Must be shown clearly on the survey and site plan showing lengths and other required limits. Must be shown as ~~---x---~~x. Color highlights are not visible. Must include height as required by Rules and Regulations.

***Colors:** Any color requested must list the scheme previously approved as well as the manufacturer.

The following items must be submitted with the above information:

Two sets of plans complete with the following:

- Site Plan
- Exterior Elevation Plan
- Floor Plan
- Application Details

NOTE: All lake lots are required to include sod and irrigation to the edge of the lake.

***Site Plan:** Must show patios, enclosures, sidewalks, landscaping, pools, and all other requests that will affect the site plan.

All new construction, changes and additions must be in compliance with Coastal Gardens Homeowners Association Covenants and Restrictions, and all amendments thereto. Please read them carefully prior to beginning your project. The lot owner will be responsible for the cost of repairing damage to Coastal Gardens Homeowners Association property as a result of construction and/or alteration approved herein.

ARCHITECTURAL REVIEW COMMITTEE:

SUBMITTED BY (Homeowner or Contractor):

(Signature)

Name: _____
(Print)

Date: _____

Signature: _____

Approved _____ Approved as Noted _____ Denied _____

Date: _____

ARC Committee Comments / Notes: _____

***Applications must be received by noon on Friday to be reviewed the following week. A submittal that does not include required information as listed above will be returned as incomplete and require resubmittal. All applications MUST be approved before the commencement of work.**

**Applications can be submitted by email: Laura@camprosf.com
or by mail: The Gables 1648 Taylor Rd # 115- Port Orange**

Owners is responsible for obtaining all pertinent and applicable City, County and/or State permits necessary for proposed change, addition or enhancement and is also responsible for ensuring the proposed change does not negatively impact the drainage on the property or cause damage of any kind to adjoining properties, whether commonly or privately owned.