



Date Received: _____

Crane Creek I Homeowners Association

Application for Architectural Review Form 1/2019

Please fill out and attach 2 (two) complete sets of plans to the application and submit to

Fairway Management

1331 Bedford Dr. #103 Melbourne, FL 32940

Phone 321-777-7575 Fax 321-777-4646 email Maryw@fairwaymgmt.com

Property Owner: _____

Property Address: _____

Mailing Address: (if differs from property address) _____

Phone # _____ E-mail _____

As owner of the above described property, I/we submit the attached plan(s) for exterior modification to the Architectural Review Committee for consideration and approval:

- All requests must have the appropriate documentation attached for consideration including actual dimensions, plats of property, architectural drawings, building permits when applicable, setbacks, materials to be used, and color samples/swatches etc. to aid in determining applicability.
- Exterior Painting should denote main body, trim, garage door, shutters, and front door colors as well as not be identical to adjacent and direct neighboring homes.
- **A CURRENT PHOTO OF THE EXTERIOR OF THE HOME IS REQUESTED ALONG WITH THE APPROPRIATE DOCUMENTATION TO PROVIDE A VISUAL AID IN DETERMINING APPLICABILITY AND CONFORMANCE.**

<input type="checkbox"/>	Major Landscaping Modification	<input type="checkbox"/>	Screen Room or Addition
<input type="checkbox"/>	Change of Paint and or Trim	<input type="checkbox"/>	Fence Plan and Detail
<input type="checkbox"/>	Pool Plan	<input type="checkbox"/>	Shutters
<input type="checkbox"/>	Driveway Modification	<input type="checkbox"/>	Removal of Tree(s)
Other: _____			

Contractor Name and Address _____

Contractor License No. (Florida) _____ (Brevard Co.) _____

If this application is approved, I accept full responsibility of any actions of the vendor or contractor or their employees for any damage or alteration which may happen to Crane Creek IHOA common areas or other property in Crane Creek IHOA as a result of this project and agree to replace or restore such damaged property to its original condition. I further state that I will be responsible to obtain all appropriate permits, licenses or insurance as may be required by County or State agencies prior to commencement of work.

Date: _____ Owner's Signature: _____ Anticipated Project Start Date: _____

Note: Plans are reviewed for the limited purpose of determining aesthetic compatibility with the community in general in the subject opinion of the approving authority and whether the plan is in compliance with the declaration of covenants and restrictions. Plans are approved or disapproved on a limited basis. No review has been made with respect to the functionality, safety, and compliance with governmental regulations or otherwise, and reliance on approval should not be made by any party with respect to such matters. The approving authority disclaims liability of any kind with respect to submitted plans, the review of, or any structures built, including, but not limited to liability for negligence or breach of express or implied warranty.

*Date: _____ Approved: _____ Denied: _____
(ARC Member print and sign) (ARC Member print and sign)

*Date: _____ Approved: _____ Denied: _____
(ARC Member print and sign) (ARC Member print and sign)

*Date: _____ Approved: _____ Denied: _____
(ARC Member print and sign) (ARC Member print and sign)

*Date ARC meeting held: _____

*Work to be completed within 180 days for all approved requests.