

Reference # \_\_\_\_\_

Date Received \_\_\_\_\_

**Alamanda Key Subidivision  
Melbourne  
c/o ARC , 400 High Point Dr, Suite 500, Cocoa, FL 32926**

**Application for Architectural Review**

**Attach two sets of plans to Alamanda Key, L.L.C. (or after turnover to Homeowners Association of Alamanda Key, Inc.), with this application and \$25.00 fee payable to Alamanda Key, L.L.C.**

Property Owner: \_\_\_\_\_

Lot# \_\_\_\_\_ Block # \_\_\_\_\_

Property Address : \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

As owner of the above described property, I/We submit the following for consideration and approval of the Architectural Review Committee. It is my/our desire to add or change the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Construction Drawings<br>(Include site plan and elevations)         | <input type="checkbox"/> Exterior Paint Colors<br>(Requires color samples identifying body and trim colors)                                |
| <input type="checkbox"/> Landscaping Plans   | <input type="checkbox"/> Screen room or Addition<br>(Attach 2 copies of plot plan with improvement sketch; must show colors and materials) |
| <input type="checkbox"/> Fence Plan and Detail<br>(Note the setback, type, height and color) | <input type="checkbox"/> Pool Plan and detail<br>(Attach 2 copies of plot plan with pool location sketch)                                  |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Antennas / Satellite Dishes<br>(Note: Must be in <b>back</b> of home)   |

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_ Owners' Signature: \_\_\_\_\_ Project Start Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

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 functionality, safety, compliance with governmental regulations, or otherwise, and no reliance on approval should 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 structure built, including but not limited to, liability for negligence or breach of express or implied warrant.

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_