## Cobb's Landing Community Association: DESIGN REVIEW BOARD APPLICATION Resident name Contact email Phone \_\_\_\_\_ I or we, the undersigned, request the following modifications to our residence located at: Neighborhood division (circle one): Sanctuary Estates Pinnacle A BRIEF DESCRIPTION OF PROPOSED MODIFICATIONS (EXTERIOR PAINT COLORS MUST BE FROM NEW APPROVED LIST) **YOU ARE REQUIRED TO INCLUDE** (please add all additional relevant materials) \*(1) A SCALE DRAWING OF PROPOSED EXTERIOR HOME or PROPERTY MODIFICATIONS (if appropriate) \*(2) One or several Color Photos of FULL FRONT OF THE HOUSE (show locations of replacement doors or windows) \*(3) BRAND, NUMBER AND COLOR OF MATERIALS, SAMPLES, BLUEPRINTS, and PHOTOGRAPHS \*(4) ANY ADDITIONAL INFORMATION SUPPORTING YOUR REQUEST MUST BE SENT WITH YOUR APPLICATION Does the modification change the color or appearance of the residence? Does the change involve any structural changes to the property?\_\_\_\_\_ Name and address of contractor, architect or individual designing proposed modification: Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_ PRINT OWNER'S NAME SIGNATURE OF OWNER DATE SIGNED All applications shall be submitted to your management company at least one (1) week in advance of scheduled DRB review meeting. If application is submitted less than one week prior, it will be at the discretion of the DRB if it can be acted upon at that meeting or delayed until the next. Incomplete applications cannot be given a full review, and the applicant will be notified of missing information, which may cause a delay in the approval process. Applicant is solely responsible for seeing that all information is fully supplied. A request to withdraw any application may be made without prejudice provided the request is in writing and filed with the DRB and management company prior to any final review or action on the application. NOTE: APPROVAL OF ANY PROJECT DOES NOT WAIVE NECESSITY OF OBTAINING ALL REQUIRED BUILDING PERMITS. ALL

CONTRACTORS SHOULD BE LICENSED WITH PROOF OF INSURANCE. A SCALED DRAWING OR PLAN OF IMPROVEMENTS SHOULD BE INCLUDED WITH APPLICATION TO SHOW LOCATIONS AND DIMENSIONS IF APPLICABLE.

FOR INTERNAL USE ONLY	Specify Reason If DENIED:
Date Submitted	
Date Received	
Date Approved or Denied	
Signed by	