## APPLICATION FOR <u>NEW HOUSE PLAN APPROVAL</u> OCEAN PINES ARCHITECTURAL REVIEW COMMITTEE (PLEASE COMPLETE ALL BLANKS)

DATE	×	,			
SECT/LOT#HOUSE	C # (STREET ADDRESS)				
NAME (LOT OWNER)	HOME PHONE #				
HOME ADDRESS					
Street Add NAME OF CONTRACTOR/BUILDE	ress	City	State	Zip	
CONTRACTOR'S ADDRESS			PHONE#		
NAME OF HOUSE MFR. (IF APPLI	CABLE)				
SCHEDULED STARTING DATE		COMPLETION DATE			
S.F. FLOOR AREA OF 1ST FLOOR	2ND FLOOR	2ND FLOOR TOTAL HOUSE			
S.F. AREA OF GARAGE	S.F. AREA OF PORCH	ESS.F. A	AREA OF DECK	S	
*BUILDING AREA SQ. FT	COVERAGE SQ. FT.	COV	TERAGE %		
ELEV. WCSC TANK ABOVE MEAN	N SEA LEVEL IIN. ELEV.)	ELEV. 1ST FL. LIV	ING AREA (MSI	.)	
HEIGHT OF PROPOSED HOUSE F		HIGHEST ROOF PE	AK		
NO. COURSES OF BLOCK OUT OF	GROUND AT FINAL GRA	DE			
H.V.A.C.: CHECK PROPOSED TYP ()Oil Fired ()Gas Fired ()Wood B LOCATION OF OIL OR GAS FIREI	Surning Stove	board Heat ()Heat p	ump ()Central	Air Only	
TYPE OF LOT: ()OPEN ()WOO	ODED ()WATER FROM	T			
EST. LANDSCAPING COMPLETIO	N DTEST	COST OF LANDSC	APING \$		
LANDSCAPE CONTRACTOR	CAPE CONTRACTORPHONE#				
DRIVEWAY MATERIAL: ( )CONCH	RETE ()BITUMINOUS PAV		CRUSHED STONIMUM)	DNE	
LOCATION OF METER BOX	HEAT PUMP				
LOCATION OF HOUSE NO	TRASH CAN	STORAGE			
EXTERIOR TREATMENT:	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Ch	oice	
SIDING:					
Material (wood, vinyl, other)					
MFR & Brand Name					
Windows: Type & MFR					
Doors: Type & MFR					
<u>ROOF:</u> Main Pitch					
Main Fitch Material & Weight					
Material & Weight MFR & Brand Name					
FOUNDATION:					
***Type (block, piling, other)					
Deck & Pile Screening					
FINISH COLORS:					
Siding					
Trim					
Doors & Shutters					
**Roof					
Foundation					

<sup>\*</sup> Building area means the area within the setbacks, and % of coverage means living area, garage, screened porches, divided by the square footage of the building area.

<sup>\*\*</sup> Choices of roof color should be compatible with choices of siding color.

<sup>\*\*\*</sup> Block foundations must be parged.

## IF "NO" PLEASE SPECIFY ALL IMPROVEMENTS TO BE COMPLETED BY ANYONE OTHER THAN THE **UNDERSIGNED BUILDER.**

## **IMPORTANT NOTE**

HAS THE CURRENT LOT ASSESSMENT BEEN PAID FOR THE COMING YEAR? If not, these charges must be paid in full before any consideration to this application can be made.

I have read and understand the Ocean Pines Declaration of Restrictions, Ocean Pines Architectural ReviewArchitectural Review Committee Design Review Policy and Guidelines and Worcester County Zoning Ordinance. The house described above conforms to all of the provisions thereof and I will comply with all provisions set forth therein. I hereby grant permission to the Architectural Review Committee or their agents to make periodic inspections, during reasonable hours while the building is under construction and final inspection prior to occupancy. I understand that any physical changes, additions or deviation in any way or at any time during construction from Ocean pines Restrictions or Architectural Review Committee Guidelines, constitute a violation and will result in stoppage of all work. Any damage to roads or easement areas caused by employees parking or equipment will be the responsibility of the builder to repair to original condition. Before any construction begins it will be mandatory for the BUILDER/OWNER to post, in a prominent location, the Worcester County Building Permit. Also, it is the BUILDER/OWNER responsibility to maintain, at all times, especially on weekends, GOOD HOUSEKEEPING PRACTICES. If these regulations are not adhered to the Building Inspector will issue a STOP WORK ORDER until these regulations are complied with. The OWNER/BUILDER agrees to abide by any STOP WORK ORDER issued. Approval of plans, specifications and/or surveys is based upon the contents of such documents and the Architectural Review Committee does not independently verify such documents. Ocean Pines Association, Inc. assumes no liability for the accuracy of said documents.

IF A CONSTRUCTION SIGN IS DISPLAYED DURING THE BUILDING PERIOD, IT MUST COMPLY FULLY WITH CURRENT SIGN REGULATIONS OF THE ARCHITECTURAL REVIEW COMMITTEE AND BE REMOVED WITHIN ONE (1) WEEK AFTER SUBSTANTIAL COMPLETION OF CONSTRUCTION. IN ADDITION, THE BUILDER AND OWNER(S) AUTHORIZE THE ARCHITECTURAL REVIEW COMMITTEE, OR ITS AGENTS, TO REMOVE, WITHOUT NOTICE, ANY SIGN ERECTED ON THE PROPERTY WHICH DOES NOT COMPLY WITH SAID REGULATIONS OR WHICH HAS NOT BEEN REMOVED WITHIN ONE (1) WEEK AFTER SUBSTANTIAL COMPLETION OF CONSTRUCTION. SUCH SIGNS SHALL BE REMOVED AT THE SOLE RISK OF THE BUILDER AND OWNER(S) AND THE BUILDER OR OWNER(S) AGREE TO PAY A PENALTY OF TEN DOLLARS (\$10.00) PER SIGN UPON THE RETURN THEREOF. IF SAID SIGN HAS NOT BEEN CLAIMED WITHIN SIXTY (60) DAYS IT WILL BE DISPOSED OF BY THIS DEPARTMENT.

## I HEREBY CERTIFY THAT THE RESIDENCE WILL BE USED AS A SINGLE FAMILY RESIDENCE AND FOR NO OTHER PURPOSE.

SIGNED (BUILDER)

SIGNED (OWNER)

Improvements to be completed by other than the builder:

Proc	essing	Fees:
	CODING	L COD.

Filing fee: \$35.00 ...... Review/Inspection fee: \$350.00 **PLUS** Completion Agreement Deposit......\$1,500.00 (TOTAL: \$1,885)

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APPROVED BY:\_\_\_

DISAPPROVED BY: \_\_\_\_\_ DATE\_\_\_\_\_

COMMENTS:

In owner's absence, or as his agent, the owner authorizes\_

to act in his/her behalf, to submit plans or changes to the ARC for approval, or until such time as the owner advises the ARC otherwise.

\_\_\_\_\_DATE\_\_\_\_\_