

OCEAN BEACH CLUB ONE CONDOMINIUM ASSOCIATION

Application for Architectural Modification

All alterations to the exterior of a unit must be submitted to the Architectural Advisory Committee (AAC) with a detailed drawing (8 1/2 x 11) including dimensions, and a full description of the materials and colors. Application will not be reviewed until all fields have been completed and support materials attached. AAC Guidelines are also located on the OBC1 website near this form. The upper part of this form may be used to request verification that a full Application is required prior to completion of the entire form. Please return completed form to: OBC1 AAC, 3500 S. Oceanshore Blvd. #106, Flagler Beach, FL 32136 or email to Harvey Cybul at silent-service650@aol.com.

No work may commence without the written approval from the AAC and the OBC1 Board of Directors.

Name: _____ Date: _____

Address: _____ Phone Contact: _____

Type of Improvement: _____

Material(s) to be used: _____

Name of Contractor/Supplier: _____ Phone: _____

Unit No.: _____

Certificate of Insurance: Yes ☐ No ☐ Licensed: Yes ☐ No ☐

Is a Building Permit Required for this improvement? Yes ☐ No ☐ Permit #: _____

Are drawings attached? Yes ☐ No ☐ Website Link? _____

This application is valid for a period not to exceed (3) months from the date of Board approval. If a City of Flagler Beach Building Permit is required for the improvement, the OBC1 Board approval is contingent upon obtaining such documents without zoning variance.

I understand the proposed modification must be in compliance with the Declaration of Condominium documents and Florida condominium law as well as all local and state building codes, Restrictions and Covenants and By-Laws for the OBC1 Association. I/we agree to abide by the rules set forth by the Association and to be solely responsible for the upkeep, repair, maintenance and damages incurred as a result of this improvement. I am aware that failure to comply may result in charges in order to restore the modification to its original condition.

Signature of Owner(s): X _____ Date: _____

X _____ Date: _____

OBC1 Board of Directors Use Only

Review	
Date:	_____
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Comments:	_____
Committee Signature:	_____
Board Signature:	_____

Inspection	
Date:	_____
Inspected By:	_____
Completed as Planned <input type="checkbox"/>	Completed, Not as Planned <input type="checkbox"/>
Incomplete <input type="checkbox"/>	Not Begun <input type="checkbox"/>
Cancelled <input type="checkbox"/>	
Comments:	_____
Signature:	_____