

FORM 1

DESIGN REVIEW APPLICATION

LOT: _____

OWNER

ARCHITECT/DESIGNER

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____
FACSIMILE _____ FACSIMILE _____
E-MAIL _____ E-MAIL _____

LANDSCAPE ARCH. /DESIGNER/CONTRACTOR

CONTRACTOR

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____
FACSIMILE _____ FACSIMILE _____
E-MAIL _____ E-MAIL _____

Please complete and return this application to the address noted below with two (2) sets of the following materials:

- | | | |
|--|---|--|
| <input type="checkbox"/> Final Design Variance Application if any (Form 3) | <input type="checkbox"/> Site Plan | <input type="checkbox"/> Construction Details (as required) |
| <input type="checkbox"/> Proposed Color Palette (Form 2) | <input type="checkbox"/> Floor Plans | <input type="checkbox"/> * Landscape Plan |
| <input type="checkbox"/> Review Fee | <input type="checkbox"/> Roof Plan | <input type="checkbox"/> * Landscape Irrigation Plan |
| <input type="checkbox"/> Construction Deposit | <input type="checkbox"/> Elevations | <input type="checkbox"/> Stormwater Certification for SFD/DuplexLots with an Approved Subdivision Stormwater Management Plan |
| <input type="checkbox"/> Date Submitted ____ / ____ / ____ | <input type="checkbox"/> Landscape Lighting | * Be advised that any plans rejected or changed will be subject to additional fees. |
| <input type="checkbox"/> Date approved ____ / ____ / ____ | <input type="checkbox"/> Date to start ____ / ____ / ____ | <input type="checkbox"/> Date to complete ____ / ____ / ____ |

**Notice of Commencement to be furnished to the association prior to work commencing.
Construction deposit will not be refunded without a Certificate of Occupancy and a site inspection.**

I/we certify that I/we have read the complete Design Code for Destiny East and to the best of my/our knowledge this submittal meets all requirements of the Design Code except for the attached variances (if any).

DATE: _____ OWNER'S SIGNATURE: _____

ARCHITECT/DESIGNER
SIGNATURE: _____

FORM 2

PROPOSED COLOR PALETTE

LOT: _____

I/we hereby propose to use the following colors and/or finishes at the locations and/or the purposes indicated:

AFFIX COLOR
SAMPLE HERE

Color Name: _____

Where Used: _____

AFFIX COLOR
SAMPLE HERE

Color Name: _____

Where Used: _____

AFFIX COLOR
SAMPLE HERE

Color Name: _____

Where Used: _____

AFFIX COLOR
SAMPLE HERE

Color Name: _____

Where Used: _____

I/we certify that I/we have read the complete Design Code for Destiny East and to the best of my/our knowledge this submittal meets all requirements of the Design Code except for the attached variances (if any).

DATE SUBMITTED: _____ OWNER'S SIGNATURE: _____

ARCHITECT/DESIGNER
SIGNATURE: _____

*** ALL COLOR CHANGES MUST BE APPROVED BY THE ARCHITECTURAL
REVIEW BOARD BEFORE YOU PAINT!!!!**

FORM 3

DESIGN VARIANCE APPLICATION

LOT: _____

OWNER

ARCHITECT OR DESIGNER

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FACSIMILE _____

FACSIMILE _____

E-MAIL _____

E-MAIL _____

LANDSCAPE ARCH. / DESIGNER / CONTRACTOR

CONTRACTOR

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FACSIMILE _____

FACSIMILE _____

E-MAIL _____

E-MAIL _____

Reason for Variance Requested (attach supporting documents as necessary):

DATE SUBMITTED: _____ OWNER'S SIGNATURE: _____

ARCHITECT/DESIGNER
SIGNATURE: _____

FORM 4

DESIGN CHANGE APPLICATION

(FOR CHANGES TO APPROVED DESIGNS)

LOT: _____

OWNER

ARCHITECT OR DESIGNER

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FACSIMILE _____

FACSIMILE _____

E-MAIL _____

E-MAIL _____

LANDSCAPE ARCH. / DESIGNER / CONTRACTOR

CONTRACTOR

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FACSIMILE _____

FACSIMILE _____

E-MAIL _____

E-MAIL _____

Reason and Nature of Change (brief description of work to be accomplished)

Attach ALL necessary documentation.

Site Plan / Elevation i.e. Location of Change on Lot / House	<input type="checkbox"/>	Color(s) Attach Samples	<input type="checkbox"/>
Dimensions	<input type="checkbox"/>	Material(s) Attach Samples or Pictures	<input type="checkbox"/>
Date Submitted ____/____/____	<input type="checkbox"/>	Date Approved ____/____/____	<input type="checkbox"/>
Date Construction will Commence: ____/____/____	<input type="checkbox"/>	Date of completion ____/____/____	<input type="checkbox"/>

Please forward a copy of any building permits required by the city to the Association office.

DATE: _____ OWNER'S SIGNATURE: _____

ARCHITECT/DESIGNER

SIGNATURE: _____

*** ALL COLOR CHANGES MUST BE APPROVED BY THE ARCHITECTURAL REVIEW BOARD BEFORE YOU PAINT!!!!**

DESTINY EAST OWNER'S ASSOCIATION

c/o Coastal Properties, LLC 11714 Emerald Coast Pkwy Miramar Beach, FL 32550

Phone 850-269-9818 Fax: 850-269-1246

FORM 5

DESTINY EAST OWNERS ASSOCIATION, INC. CONSTRUCTION DEPOSIT REFUND FORM

Lot #: _____

Date Deposit Requested: _____

Deposit Requested By: _____

Owner

Contractor

Address _____

Address _____

Telephone _____

Telephone _____

Facsimile _____

Facsimile _____

BELOW TO BE FILLED OUT BY MANAGER

Inspection Scheduled Date & Time:

Date: _____ Time: _____ am /pm

YES

NO

Does the Association have the following items on file?

Architectural compliance letter

A copy of the Certificate of Occupancy

Emerald Coast Services inspection

ITEMS FOR MANAGER TO INSPECT

YES

NO

Are the following items in compliance?

Streets are clean of oil, concrete, etc.

Timer Control Box is located on exterior of home

Sidewalks meet criteria

Surrounding lots/common area clean and undamaged

Amount of fines to be deducted from deposit: \$ _____ (Attach Copy)

Any cleaning/repairs to be deducted from deposit: \$ _____ (Attach Copy)

Construction Deposit amount to be refund: \$ _____

Signature

Date

DESTINY EAST OWNER'S ASSOCIATION

c/o Coastal Properties, LLC 11714 Emerald Coast Pkwy Miramar Beach, FL 32550

Phone 850-269-9818 Fax: 850-269-1246

FORM 6

SWIMMING POOL APPLICATION

LOT: _____

OWNER

ARCHITECT OR DESIGNER

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FACSIMILE _____

FACSIMILE _____

E-MAIL _____

E-MAIL _____

LANDSCAPE ARCH. /DESIGNER/CONTRACTOR

CONTRACTOR

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FACSIMILE _____

FACSIMILE _____

E-MAIL _____

E-MAIL _____

Please complete and return this application to the address noted below with two (2) sets of the following materials:

Site Plan

Date to Begin _
 / /

* Landscape Plan

Fencing Material Details

Date to Complete
 / /

Landscape Lighting

Review Fee
Check # _____

Construction Deposit
Check# _____

*** Landscape Plans are required when existing plant material is moved, changed or if new plant material is added.**

Notice of Commencement to be furnished to the association prior to work commencing.

Construction deposit will not be refunded without a final inspection.

DATE SUBMITTED: _____ OWNER'S SIGNATURE: _____

DESTINY EAST OWNER'S ASSOCIATION

c/o Coastal Properties, LLC 11714 Emerald Coast Pkwy Miramar Beach, FL 32550

Phone 850-269-9818 Fax: 850-269-1246