BAY COVE
Exterior Steps/Porch/Decking Replacement

This form is to be used only for replacement of Front Entry Way/Steps.

If this work is for anything else please ask Landmark for the appropriate form.

Address Where Work is Being Proposed

Owner Full Name

Owner Address

Owner Phone #

Which product are you using for replacement?

Trex _____ **Color** _____

Approved Colors for Trex Are:

Transcend - Tiki Torch
Transcend - Spice Rum
Transcend - Havana Gold

Pressure Treated Lumber _____

If Staining you **Must** Use Clear or one of the colors below (that matches Trex)
Stain: Sherwin Williams English Walnut #3574 to color match with Tiki Torch
Stain: Sherwin Williams Riverwood #3507 to color match with Spiced Rum
Stain: Sherwin Williams Canyon Brown #3522 Banyan Brown to color match with Havana Gold
Stain: Sherwin Williams Clear #6508-81774

Provide a copy of the Scope of Work and/or Spec Sheet(s) indicating product and color being used.

If you are requesting an Alternate please explain why "**and**" provide a sample of product and color (minimum 3"x3" sample) to Landmark Properties
Note: Alternates will need to go through the ARC Committee and if Approved by ARC will then go to the Board

Who is Completing this scope of work?

Self _____

Business Name _____

Address _____

Phone # _____

Contact Name _____

Description of Alteration:
Alteration must be in accordance wih the Bay Cove Standards and the Declaration. Use additional pages if necessary and illustrate the improvement, if applicable.
Note: Certain types of Alterations require a County Building Permit. The Association takes No responsibility for obtaining that permit. Call your local County Building Department with any questions.

Upon completion of the requested repairs/replacement, the area will appear identical to the original condition **Yes** _____ **No** _____

If area will not appear identical, please describe in detail why and provide all specifications including but not limited to material, color, dimensions etc.

Attach a sketch or rendering if repair/replacement will not be identical

Owner's Agreement:
I have completed this application in good faith and it accurately represents the alteration I propose to make. I understand that the approval of this application does not authorize me to violate any provisions of the Architectural Standards, Declaration or of the building and County zoning codes.

I understand and agree that any construction or alteration undertaken prior to receipt of the Architectural Control approval is at my own risk, and that I may be required to return the property to its former condition at my own expense should the application be disapproved wholly or in part and I may be subject to fines.

I understand that the representatives of the Architectural Contol are permitted to enter upon my property at any reasonable time for the purpose of inspecting the area for the proposed project, the project in progress, or the completed project and that such entry does not constitute trespass.

I understand that work must be completed in a workmanlike manner within 180 days after the approval and that the impovement must be built only on my property.

Owner - Signature Date

When completed submit to: Kellie Cox with Landmark Properties
Email: Kcox@landmark-property.com

Below is for ARC USE ONLY

Routing: 1 Association Site File
2 Copy of Completed Application with ACC

Date of Receipt _____

Approval
As Submitted
With Provisions described on Page

Authorized Signature Date of Approval