

# B R E A K W A T E R

## Application for Architectural Review Instructions

1. You DO NOT need to submit an application for the following improvements:
  - Replacement/addition of flowers in existing beds
  - Installation of new planting beds, if they are adjacent to the existing house structure
  - Installation of grasses or shrubbery that have a root ball diameter of 18" or less
  
2. You DO need to make an application for the following improvements:
  - Installation of new planting bed, that is not adjacent to existing house structure
  - Installation of any plant material that has a root ball greater than 18" in diameter
  - Any shed
  - Any fence
  - Any change to the footprint of the home
  - Any porch or patio extension
  - Any improvement not addressed in Instruction #1 or #2 above
  
3. Your application MUST include:
  - Completed application form
  - Lot/Home Survey (this would have been provided to you at settlement)
  - Drawing or sketch of improvements
  - Architectural or engineers drawing (to scale) for structural improvements
  - Material color samples, or manufacturer specifications for structural improvements

4. Submit your application to:

Breakwater Home Owners Association  
Architectural Review Committee  
c/o Signature Property Management LLC  
19606 Coastal Highway  
Rehoboth Beach, DE 19971

Or email an electronic copy to: Stuart Galkin at [stuart@spmde.com](mailto:stuart@spmde.com)

5. Call Miss Utility of Delmarva at (800) 282-8555 before you dig! Excavation damage can cause injury, loss of life, and environmental damage. It also causes interruptions to vital services and can involve tremendous repair costs to the homeowner. Go to [www.missutilitydelmarva.com](http://www.missutilitydelmarva.com) for more information.



**RESIDENCE IMPROVEMENT APPLICATION**

**\*\*\* APPLICATION MUST BE APPROVED BEFORE YOU START WORK \*\*\***

Application Date: \_\_\_\_\_ Proj. Start Date: \_\_\_\_\_ Proj. Finish Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Lot #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

We submit herewith: [ ] Plans & Specifications [ ] Letters [ ] Other [ ] Color Samples (2 each)

Please describe briefly, the proposed modifications. Indicate changes of color & where the color changes will be used. If additional space is needed, complete and attach to this form. Please include a copy of your survey plat and show the location of the proposed improvement in relation to your lot.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS CITY OR COUNTY PERMIT REQUIRED? [ ] YES [ ] NO      IS A CITY OR COUNTY VARIANCE REQUIRED? [ ] YES [ ] NO

Note: Project must be completed within 6 months of approval date; otherwise the Architectural Review Committee must be re-notified.

The undersigned certifies that he/she is the legal owner of the above noted property, agrees to comply with all Covenants, Conditions, Easements, Restrictions and Design Guidelines in effect as of the date of this application:

Homeowner Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **FOR ARC USE ONLY** \_\_\_\_\_

Recommend to Board of Directors: [ ] Yes [ ] No Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments/Contingencies: \_\_\_\_\_  
\_\_\_\_\_

Board of Directors Approval: [ ] Yes [ ] No Date: \_\_\_\_\_ Officer: \_\_\_\_\_