

**ROTONDA LAKES CONSERVATION ASSOCIATION, INC.**

**Application for Architectural Review**

**September 2023**

I/We, \_\_\_\_\_, as OWNER(S) and I, \_\_\_\_\_, as CONTRACTOR/BUILDER hereby submit the attached plans, specifications and other information as required by Rotonda Lakes Conservation Association, Inc. (Association) and Association adopted ACC Guidelines as amended from time to time for Architectural Review (Application) in accordance with Article 7 of the provisions of the Amended and Restated Declaration of Covenants and Restrictions as recorded in Charlotte County, Florida on April 20, 2018.

This Application is for BLOCK \_\_\_\_\_, LOT \_\_\_\_\_, Rotonda Lakes Subdivision.

Both the Owner(s) and Contractor/Builder acknowledge that Owner(s) is responsible for all actions of Contractor/Builder and his Subcontractor/Builders and further agree to comply with the provisions of the Restrictions and attached New Construction Guidelines. Should there be any legal action or arbitration to enforce the provisions of the Restrictions or Guidelines, the prevailing party shall be entitled to recover reasonable attorney’s fees, arbitration fees and costs.

Please indicate which party will be responsible for landscape and sight screen installation:

- Contractor/Builder** \_\_\_\_\_ (Initials)       **Owner** \_\_\_\_\_ (Initials)

By your signature(s) below you agree to install and maintain, from application approval through Certificate of Occupancy, a sign NOT TO EXCEED 18” X 24” with Builder Name, Builder Phone Number, and Address of Property to be placed so it is legible from the road but not placed in the county easement and have the landscaping and sight screening installed within sixty (60) days of Certificate of Occupancy. Failure to install proper signage and proper landscaping and/or sight screening within the specified timeframe may result in the withholding of any deposits and/or notice of a deed restriction violation.

By their signatures below, Owner(s) and Contractor/Builder confirm that the Association has not recommended, suggested, or endorsed their choice of Contractor/Builder. By their signatures below, Owner(s) and Contractor/Builder also have received a copy of the Deed Restrictions, the New Construction Guidelines, the New Construction Compliance Program, and this Application. This application must be completely, correctly, and properly executed.

\_\_\_\_\_  
Signature of Contractor/Builder or Authorized Representative      Type or Print Name

\_\_\_\_\_  
Witness      Owner

\_\_\_\_\_  
Witness      Owner

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, Owner(s) who is/are personally known to me or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

(NOTARY SEAL)

\_\_\_\_\_  
Type or Print Notary Name

My Commission Expires: \_\_\_\_\_

**ROTONDA LAKES CONSERVATION ASSOCIATION, INC.**

CONTRACTOR/  
BUILDER: \_\_\_\_\_ OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY STREET ADDRESS: \_\_\_\_\_

PERMIT# \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

BOUNDARY AND TOPOGRAPHICAL SURVEY ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_  
SITE AND DRAINAGE PLAN ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_  
ONE FULL SET OF BUILDING PLANS ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_  
BASIC LANDSCAPE PLAN ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_  
SIGHT SCREEN PLAN ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_  
SWIMMING POOL PLAN ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

Pool Cage Color:  Bronze or  White

LIVING AREA (SQ.FT.): \_\_\_\_\_ GARAGE SIZE: \_\_\_\_\_  
(minimum living area size is 1500 sq ft and minimum garage area is 400 unobstructed sq ft)<sup>1</sup>

EXTERIOR WALLS: MATERIAL \_\_\_\_\_ FINISH \_\_\_\_\_

COLORS: Main Body of House \_\_\_\_\_  
Trim (quoins, bands, etc.) \_\_\_\_\_  
Soffit \_\_\_\_\_ Window Frames \_\_\_\_\_  
Doors: (Garage) \_\_\_\_\_ (Entry) \_\_\_\_\_

DRIVEWAY:  Concrete or  Pavers If pavers, please provide color \_\_\_\_\_

\*Note: Please list the paint manufacturer & paint number. Example: Sherwin Williams-SW 19834 **AND** attach color samples to application. If pure white is being used on any surface, the word "white" will suffice.

1. Will lawn sprinklers or other improvements be installed on the canal or lake bank easement?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. ROOF:  
ASPHALT \_\_\_\_\_ TILE \_\_\_\_\_ OTHER \_\_\_\_\_ COLOR \_\_\_\_\_ PITCH \_\_\_\_\_  
BRAND \_\_\_\_\_ TYPE \_\_\_\_\_

If asphalt shingles are used, they must be dimensional.

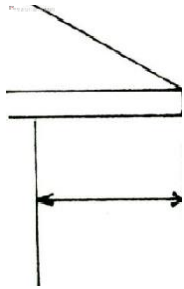
Three-tab shingles are not permitted.

<sup>1</sup> Applies to single-family residences or multi-family zoned areas. Duplexes and others have different minimum requirements.

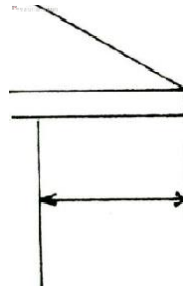
3. ROOF OVERHANG: (See Guidelines for New Construction for roof detail)

**On the roof overhang sketches below, please indicate on the dimension lines the length of the overhangs.**

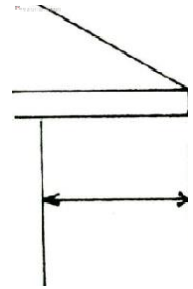
MAIN ROOF



BAY WINDOWS & BUMP OUTS



GABLE ENDS



**NOTE:** Please show these same dimensions on all of the elevations in your building plans. Handwritten dimensions will suffice if not already indicated.

A representative of the Association shall have the right to enter the building site (exterior) at any time during construction for the purpose of determining compliance with the specifications. The site will be inspected on several occasions.

The Association wishes to extend to all homeowners and builders a sincere spirit of cooperation. Please call the Association with any questions concerning specifications and assistance needed in completing this form. All submittals must meet county codes and requirements.

Additional Comments: \_\_\_\_\_

**PLEASE INCLUDE ADMINISTRATIVE FEE AND REFUNDABLE DEPOSIT PER THE CONSTRUCTION COMPLIANCE PROGRAM GUIDELINES**

To be completed by Association office:

DATE RECEIVED: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_

APPROVED: ( \_\_\_\_\_ )

DISAPPROVED: ( \_\_\_\_\_ )

Reasons(s): \_\_\_\_\_

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

By: \_\_\_\_\_

- **ALL APPROVALS ARE CONTINGENT UPON MEETING COUNTY CODES/REQUIREMENTS**  
 ROTONDA LAKES CONSERVATION ASSOCIATION, INC.  
 ARCHITECTURAL REVIEW  
 P.O. BOX 520, PLACIDA, FLORIDA 33946  
 642 N INDIANA AVE | ENGLEWOOD, FL 34223  
 PHONE: 941.307.6053 FAX: 941.328.3610

