

**ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.**  
**APPLICATION FOR ARCHITECTURAL REVIEW**  
**August 2024 Revision**

I/We, \_\_\_\_\_, as OWNER(S) and I, \_\_\_\_\_, as CONTRACTOR/BUILDER hereby submit the attached plans, specifications and other information as required by Rotonda Heights Conservation Association, Inc. (Association) and Association adopted Guidelines for New Construction as amended from time to time for Architectural Review (Application) in accordance with Article 7 of the provisions of the Revitalized Declaration of Covenants and Restrictions in Charlotte County in 2018 and amended in 2022. This Application is for LOT \_\_\_\_\_, Rotonda Heights Subdivision.

Both the Owner(s) and Contractor/Builder acknowledge that Owner(s) is responsible for all actions of Contractor/Builder and his Sub Contractor/Builders.

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

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

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 have received a copy of the Deed Restrictions. This application must be completely, correctly and properly executed.

\_\_\_\_\_  
Signature of Contractor/Builder or  
Authorized Representative

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

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

OWNER: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

PERMIT# \_\_\_\_\_ 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 \_\_\_\_\_

SWIMMING POOL PLAN ATTACHED:

YES \_\_\_\_\_ NO \_\_\_\_\_

Pool Cage Color: ☐ Bronze or ☐ White

LIVING AREA (SQ.FT.): \_\_\_\_\_

GARAGE SIZE: \_\_\_\_\_

(minimum living area size is 750 sq ft)

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

COLORS: Main Body of House \_\_\_\_\_

Trim (quoins, bands, fascia, 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 \_\_\_\_\_

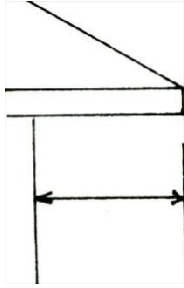
BRAND \_\_\_\_\_ TYPE \_\_\_\_\_

Board Approved: \_\_\_\_\_

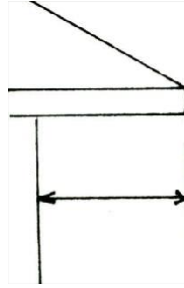
3. ROOF OVERHANG:

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

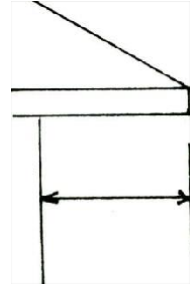
MAIN ROOF



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.

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

\_\_\_\_\_

\_\_\_\_\_

To be completed by Association office:

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC. ARCHITECTURAL REVIEW  
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642 N INDIANA AVE., FLORIDA 34223  
PHONE: (941) 307-6053 FAX: (941) 328-3610

Board Approved: \_\_\_\_\_