

Marsh Harbour of Kingsland Property Owners Association

c/o Advanced Management Services, LLC,

P. O. Box 5237

St Marys, Georgia 31558

MARSH HARBOUR OF KINGSLAND POA ARCHITECTURAL CONTROL COMMITTEE
BUILDING PLANS/PROPERTY MODIFICATIONS APPROVAL

OWNER: _____ PHONE: _____ PHASE: _____

LOT NO: _____ STREET ADDRESS: _____

DATE PLANS AND SPECIFICATIONS SUBMITTED TO ARCHITECTURAL CONTROL COMMITTEE (ACC): _____

BUILDING/PROPERTY MODIFICATION PLANS HAVE BEEN REVIEWED BY HOMEOWNER FOR COMPLIANCE WITH MARSH HARBOUR COVENANTS. SUBMITTED PACKAGE INCLUDES PROPERTY PLAT WITH DRAWINGS, SAMPLES OF MATERIAL AND COLOR, IF APPLICABLE:

Homeowner Signature/ Date

I. PLOT PLAN/LOCATION OF BUILDING

Is building located within restrictive building lines as shown on plat?

A. Distance from side lot: _____

B. Distance from street lines: _____

II. HOUSE PLANS DESIGN

A. Square Footage of Heated/Cooled Area: _____

B. Single or Multi-level: _____

C. Architectural Style: _____

D. Exterior Finish:

1. Type and Color (Frame, Brick, Masonry, Other): _____

2. Shingle Color and Material: _____

3. Siding Color and Material: _____

4. Trim Color and Material: _____

5. Window Type and Brand Name: _____

6. Other: _____

E. Roof Slope: _____

F. Type of Foundation Veneer (Brick, Stucco, Stone, Lattice (under open porches, only), Other): _____

G. Garage:

Garage Door Color and Material: _____

H. Chimneys:

Material (Brick, Stone, Stucco, Other): _____

I. Driveway:

Material (Concrete, Shell with Base, Asphalt, Other): _____

J. Landscaping (at least a rough plan is required for a new house): Has a landscaping plan been submitted to the Architectural Control Committee? _____

III. General Restrictions

A. Garbage Container:

1. Structure or Enclosure: _____

2. Location (Rear or Side of House): _____

B. Shutters (Material and Color): _____

C. In-ground Swimming Pool: _____

D. Mail Box Structure: _____

E. Fencing (Material, Color, Height, Style): _____

IV. General Comments: _____

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Name _____

Address/Lot # _____

Re: _____

Plans and specifications for above were reviewed by the ACC on _____

Approved _____

Disapproved _____

Comments:

COMMITTEE MEMBERS

(Three Signatures Required)

Name - Chairperson Date

Name Date

Name Date