

Legal Address _____ - _____ - _____

Padre Isles Property Owners Association, Inc.
NEW HOME CONSTRUCTION APPLICATION FORM

Date submitted to POA Office _____

Projected Start Date _____ Projected End Date _____

Subdivision _____ Block _____ Lot _____

Property Owner: _____

Street Address: _____

Builder: _____ Contact name: _____ Phone: _____

E-Mail(Owner) _____

E-Mail(Builder) _____

All drawings and other documents must bear the name, address, phone number, and signature of the person responsible for the design documents.

General Plan Review Submittal: *Please check all items that you are providing at this time.*

_____ Floor Plan _____ Engineering Plan _____ Site Plan
 _____ Elevation Plan _____ Front _____ Right _____ Rear _____ Left

Site Plan: Please check all items that you are providing at this time.

_____ Parcel/Plan Lines	_____ New Buildings	_____ Accessory Building*
_____ Building Lines, (Front & Rear)	_____ Retaining Wall*	_____ Fence*
_____ Setbacks	_____ Deck*	_____ Other* _____
_____ Driveway	_____ Dock*	_____
_____ Drainage plan	_____ Pool*	_____

*Please Submit "All Construction Permit" Form

Elevation Plan: *Please check all items that you are providing at this time.*

_____ Exterior Wall Finish	_____ Doors	_____ Roof Pitch
_____ Height of Building	_____ Window Design	
_____ Number of Stories	_____ Roof Material & Color	

Floor Plan

_____ Dimensions	_____ Sq. Footage	_____ Garage Sq. Footage
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Your signature in the space below acknowledges your understanding of the following information:

- I have been offered a copy of the ACC rulings pertaining to my proposed project or projects.
- I have received a copy of the Construction Permit Overview.
- I am aware of the PIPOA Architectural Control Committee Policy and Procedures Guide and Construction Standards available online at ***padreislespoa.net***, or in the office.
- I understand that review and subsequent approval of these plans does NOT constitute any contractual or implied responsibility or liability by the ACC or the PIPOA as to guaranty of function or adequacy of design of the finished project, but does, however, place responsibility on the owner of the property to comply with existing standards and codes.

Signature _____ Date _____

SECTION NAME

General Reference Only NOT intended to represent all restrictive covenants, building codes/standards adopted by ACC.

	Galleon Bay	Trade-winds	Barataria Bay #1-4	Seapines	Point Tesoro	Coquina Bay	Ports O'Call	Cmdrs Cove	IFE *
Minimum Square Footage:									
One Story	1600	1500	1600**	1450	1600	1800	1850	1000	*
Two Story (Ground Floor)	800	800	(1)	800	800	900	1000	800	
Maximum Height:									
House over Water Structure Above Top of Bulkhead	10'	10'	10'	N/A	Lesser of 35' or 2½ Stories (2)	10'	(2)	2½ Story	
Building Lines (3):									
Beyond Bulkhead (Patio)	N/A	N/A	N/A	N/A	25'	N/A	25'	25'	
Mooring Area (Non-Patio) (4)	10'	10'	10'	N/A	10'	15'	15'	N/A	
Rear (Non-Patio, Water-Front)	30'(5)	30'(5)	20'(5)	N/A	15'	15(12)	15(12)	N/A	
Rear (Water Access)	N/A	N/A	N/A	N/A	(6&7)	(6)	(6)	N/A	
Side (8)	6(9)	6(9)	6(9)	5'	5'	5'	5'	5'	
Front (Patio)	N/A	N/A	N/A	N/A	10'(10)	N/A	10'(10)	10'(10)	
Front (Non-Patio Water Front)	25'	30'	25'	N/A	15'(10)	20'	20'	N/A	
Front (Water Access)	30'	30'	25'	25'	20'	20'	20'	-11	
Restrictive Building Line									
On Water Front Lots (12)	N/A	N/A	N/A	N/A	15'	15'	15'	15'	

*CONTACT POA OFFICE
 **BARATARIA BAY #5 1000 SQ FT

NUMBERS IN PARENTHESIS () REFER TO NOTES ON ORIGINAL DOCUMENT AVAILABLE FROM POA OFFICE

For Office Use:

Home: Refundable: \$500* Non-refundable: \$100 Additional Project: \$50 Total due: _____

Total Received: \$ _____ Check Number _____ Date Fees Received _____

Received From _____

***POA clean-up deposit will be deducted, if the POA cleans up any property, future deposits will be \$500.00. Refundable Deposits must be requested within 2 years of submission date.**

ACC Information

Date of review: _____ Approved Disapproved

Signature of Reviewer(s) _____

Comments: _____

Notify bulkhead maintenance to check tiebacks: Date/ Initials _____ W.O. # _____

Date/Initials Applicant Notified: _____ Method: Phone Mail Other _____

Additional Comments: _____
