KEY LARGO OCEAN RESORT

ARCHITECTURAL REVIEW BOARD APPLICATION

This part to be completed by KLOR staff:	
ARB No:	Amount Paid:
Received By:	Check No.:
Date Submitted: Applications must be submitted to the KLOR Administration	
Applications must be submitted to the KLOR Administration	Office at 94825 Overseas Hwy, Key Largo, Florida 33037
UNIT NUMBER:	
APPLICANT	
Name:	
Address:	
Phone:	Fax:
Email:	<u> </u>
CONTACT PERSON (if different than applicant)	
Name:	
Address:	Zip:
Phone:	Fax:
Email:	
DETAILED PROJECT DESCRIPTION:	
 I hereby certify that I am the owner of the subject proj	perty and that I have reviewed the subject application and
authorize the applicant or applicant's representative (contact person) to make decisions that may affect my	
property as it pertains to this application.	
·	
Property Owner's Name (PRINT)	Property Owner's Signature / Date

Note to property owner: REVIEW AND APPROVAL OF THIS APPICATION AND ATTACHED DOCUMENTS IS FOR COMPLIANCE WITH THE KEY LARGO OCEAN RESORT DESIGN GUIDELINES AND REGULATIONS FOR DEVELOPMENT. THE UNIT OWNER IS RESPONSIBLE TO OBTAIN THE PERTINENT PERMITS FROM THE AUTHORITIES HAVING JURISDICTION