

**CYPRESS LAKES OF OAK HARBOR PROPERTY OWNERS'  
ASSOCIATION, INC.**

**APPLICATION FOR MISCELLANEOUS PROJECTS / MODIFICATION(S)**

NAME: \_\_\_\_\_

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

LOT NUMBER: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

PLEASE REFER TO THE RESTATED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS, OAK HARBOR SUBDIVISION AND THE SUPPLEMENTARY DECLARATION[S] OF COVENANTS, CONDITIONS, AND RESTRICTIONS FOR YOUR PROPERTY BEFORE COMPLETING.

**MISCELLANEOUS PROJECT / MODIFICATIONS REQUESTED** (Include specific details for materials, colors, styles, etc.)

- ( ) **FENCE[S]:** Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings.
  
- ( ) **PATIO / SCREENED PORCH:** Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings.
  
- ( ) **DECK[S]:** Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings.
  
- ( ) **GAZEBO[S]:** Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings.
  
- ( ) **LANDSCAPING:** Statuary, fountains, decorative structures, etc. to be depicted with photo, drawings and location indicated on survey.
  
- ( ) **POOLS & SPAS:** Provide plans and specifications. Also include all fencing, decking & railing modifications, two (2) sets.
  
- ( ) **RECREATIONAL EQUIP.:** Specify manufacturer, type and location on survey.
  
- ( ) **EXTERIOR PAINTING:** Provide paint manufacturer, type and color. Submit sample.
  
- ( ) **EXTERIOR STAINING:** Provide paint manufacturer, type and color. Submit sample.
  
- ( ) **ROOF:** Manufacturer, type and color.
  
- ( ) **SCREENING & LATTICE:** Specify material, style, color, location & elevation.
  
- ( ) **STRUCTURAL ADDITION/ MODIFICATION:** Provide plans and specifications, two (2) sets.
  
- ( ) **TREE REMOVAL:** Sketch the location of tree[s] to be removed on a copy of the survey.

- ( ) **SATELLITE DISH:** Sketch location on a copy of the survey or drawing. Provide size and dimension.
- ( ) **BULKHEAD / BULKHEAD REPAIRS:** Sketch location on a copy of the survey or drawing. Provide required information for materials, tiebacks, whalers, pilings [including length].
- ( ) **DOCKS / BOATHOUSES:** Sketch location on a copy of the survey or drawing. Provide required information for materials, dimensions, length.
- ( ) **SIGNAGE:** Sketch location on a copy of the survey or drawing. Provide size and dimension.
- ( ) **OTHER:** Submit appropriate information and detailed description.

**ADDITIONAL COMMENTS:**

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**DATE REQUESTED FOR PROJECT TO START:** \_\_\_\_\_  
**ESTIMATED COMPLETION DATE:** \_\_\_\_\_

For your protection, inquire with the proper authorities, either city or parish, state and federal, regarding permit requirements before starting any work on your property. Projects involving new construction, additions, alterations, or any modifications to structural, electrical, heating, water, gas or sanitary plumbing systems will require a permit from the proper authorities.

**I FURTHER UNDERSTAND AND AGREE THAT NO WORK ON THIS MISCELLANEOUS PROJECT / MODIFICATION REQUEST SHALL COMMENCE UNTIL WRITTEN APPROVAL OF THE ARC HAS BEEN RECEIVED BY THE PROPERTY OWNER.** I represent and warrant that the requested miscellaneous project / modifications strictly conform to the Restated Declaration of Covenants, Conditions, Restrictions for Oak Harbor Subdivision and the Supplementary Declaration[s] of Covenants, Conditions, and Restrictions for my property. I further understand and agree that as the property owner, I am responsible for complying with all city and/or parish building and zoning regulations and any state or federal regulations or requirements. **I FURTHER UNDERSTAND THAT I MAY BE SUBJECT TO A VIOLATION FINE FOR BEGINNING THE MISCELLANEOUS PROJECT/ MODIFICATION [S] WITHOUT RECEIVING PRIOR WRITTEN APPROVAL.**

***NOTE: INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING.***

**FEE payable to OHPOA – CYPRESS LAKES: \$225.00** [\$150.00 refundable deposit and \$75.00 non-refundable ARC review fee]. **NOTE:** This fee shall include one initial review and one final inspection. In the event the initial review indicates deficiencies, another \$75.00 review fee will be charged for *each* additional review. Submit fee with this form and submit your plans, drawings, specifications, photos, and required information / documentation with this form. The \$150.00 deposit is only refunded upon passing the ARC’s final inspection. If an outside consultant was **not** required to complete the review, the \$75.00 review fee shall also be refunded. Deposit refunds **must** be requested within 1 year after the approved final inspection or the deposit shall be forfeited.

Property Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form and all required information / documentation to:**

Oak Harbor Property Owners' Association, Inc.

820 Oak Harbor Boulevard, Suite #228

Slidell, LA 70458

(985) 649-2785 (Office) / (985) 649-2888

[oakhrbr@bellsouth.net](mailto:oakhrbr@bellsouth.net)

**Your application will be stamped and logged in on the date received. A copy of your application will be sent to the Architectural Review Committee for the Association or your Subassociation. A copy of your application along with the deposit will be sent to the property management company, GNO Property Management. Correspondence regarding your application will be sent to you on behalf of the Association or your Subassociation from the offices of GNO Property Management. GNO's contact information regarding your application and any deposit refunds is as follows:**

GNO Property Management

c/o OAK HARBOR ARC Committee

826 Union Street, Suite 200

New Orleans, LA 70112

Or fax to (504)566-4795 or email to [joy@gnoproperty.com](mailto:joy@gnoproperty.com)

Received, stamped and logged in by: _____ on _____.
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**TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE (BOARD)**

Owner's Name _____
Address _____ _____
Association /Subassociation _____
Lot No. _____
Home Phone No. _____
Business Phone No _____
Email Address: _____

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

DATE REVIEWED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Committee Action:**

- \_\_\_\_ Approved as Submitted
- \_\_\_\_ Conditionally Approved
- \_\_\_\_ Disapproved
- \_\_\_\_ Deferred Until \_\_\_\_\_
- \_\_\_\_ Withdrawn
- \_\_\_\_ Returned for insufficient information

COMMENTS: \_\_\_\_\_

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