

# OCEAN POINTE DESIGN REVIEW APPLICATION

*Before completing this application, please review the Design Guidelines of your Residing Area in their entirety.  
Do not commence work until written approval is obtained.*

## SECTION 1 (To be completed by the Homeowner)

Last Name _____	First Name _____	Home Phone: _____ Work Phone: _____ Email: _____
Address _____ _____		Residing Area: <input type="checkbox"/> Mariners Place Townhomes <input type="checkbox"/> Ke Aina Kai Townhomes <input type="checkbox"/> Ke Aina Kai Community Assoc. <input type="checkbox"/> Ke Noho Kai Townhomes <input type="checkbox"/> Ke Noho Kai Community Assoc. <input type="checkbox"/> Ke'alohi Kai Community Assoc. <input type="checkbox"/> Spinnaker Place Townhomes <input type="checkbox"/> Townhomes at Fairway's Edge
Unit/Lot Number : _____ Date of Home Purchase: _____		
<input type="checkbox"/> <b>Go Paperless (Check the box, if Yes)</b>		
Type of Permit (check one) <i>Checks made payable to Ocean Pointe:</i> <input type="checkbox"/> Preliminary - \$25.00 <input type="checkbox"/> Maintenance and Repair - \$50.00 <input type="checkbox"/> Minor Architectural - \$50.00 <input type="checkbox"/> Minor Landscape- \$50.00 <input type="checkbox"/> Major - \$100.00 <input type="checkbox"/> Plot plan – No charge <p style="text-align: center; margin-top: 10px;">*If this is a <b>Minor Permit</b> or <b>Full Permit</b> you must acquire the signatures of your adjacent owners. (Does not apply to Mariner's Place Townhomes, Ke Aina Kai Community Association or Ke Aina Kai Townhome.)</p>		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>Satellite Dish Installation</b> – No Charge. (<i>Request form</i>)</p> <p><b>Solar/Photo Voltaic Installation</b> – No Charge. - Single Family/Paired Home/Townhome units – Utilize this form.</p> </div>		
Adjacent Owner Signature / Date _____		Lot/Unit #: _____
Adjacent Owner Signature / Date _____		Lot/Unit #: _____
Owner agrees to give the DRC and/or OPRCA Staff, express permission to enter on the owner's property at a reasonable time to inspect the proposed project, the project in progress and completed project.		
<b>Owner Signature:</b> _____		<b>Date:</b> _____

## SECTION 2 (To be completed by the Homeowner)

Please list the proposed improvement(s) and include applicable sections of the Design Review Guidelines:

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### SECTION 3

**Attach one (1) copy of your homes Plot Plan.** It may be preferable to superimpose your drawings on your homes plot plan. Your plot plans must be large enough to easily depict your intended improvement. Your plot plans and professionally rendered drawings must include the following: Boundary, location of existing structures, and the modifications, additions or alterations with measurement such as height, width and length of the changes and clearances from the property line. Show any setbacks, easements and materials to be used. All exteriors must be painted to match the existing color scheme. **Send all documents by mail to OPRCA Community Center 91-6545 Kapolei Parkway Ewa Beach, HI 96706 or by fax: 808-689-7555 or email: design@oprca.com**

**Important:** Approval of this application by the Design Review Committee is required before any construction is permitted. Failure to obtain approval of construction violates the covenants, conditions and restrictions of the governing documents and can result in removal of non-conforming construction at the owner's expense and/or enforcement action. The owner is responsible for obtaining the required City and County Building Permits in addition to Design Review Committee approval. Approval of this application is for aesthetic purposes only and does not in any way indicate any opinion nor ratification of structural quality or soundness of the plan by the Ocean Pointe and related Community Associations, its employees, agents, assignees or the Design Review Committee.

By signing this application, you agree that we may provide you with any Communications in electronic format, and that we may discontinue sending paper Communications to you regarding this application, unless and until you withdraw your consent.

### SECTION 4 (To be completed by DRC and/or OPRCA Staff)

Application Received Date	Log Number: _____
Payment: _____	
Design Review Committee (check one):	
<input type="checkbox"/> <b>Approved</b> - Subject to the following conditions: _____	
<input type="checkbox"/> <b>Disapproved</b> - For the following reason(s): _____	
Sub-Association (check one):	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> – Home owner is in good standing – For the Following reason(s): _____	
Signature of Managing Agent: _____ Date: _____	
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<b>Design Guidelines Section (s):</b> _____	<b>Application Notes:</b>
_____	
_____	
_____	
Signature of DRC Member/Agent: _____ Date: _____	

**QUESTIONS?** Contact the OPRCA Community Center 808-689-7500,  
Fax 808-689-7555, via email design@oprca.com