

**Zoar Estates ARB Application**  
Printable Version-Please Print Clearly

Name \_\_\_\_\_

Zoar Estates Address \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Type of Alteration / Construction**

Deck     Shower     Fence     Shed     Addition     Landscaping

Other (Please Explain)

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In order to ensure your application is complete please answer the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you reviewed the Zoar Estates ARB Guidelines?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied a plot diagram with your application?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you clearly marked the setbacks on this diagram?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied a specific list of materials to be used?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied a brief description of the completed project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**All submitted materials become the property of Zoar Estates. They will not be returned.**

**After approval, an "Approval Certificate" must be displayed in plain sight until all work is completed and reviewed by the ARB.**

**Any alterations must be approved by the ARB prior to their being acted upon by the resident or their contractor.**

**Please Mail the Completed Application Along With All Applicable  
Plans to: [SeaScape Property Management](#)  
P.O. Box 1761  
Millsboro, DE 19966**