

**Avian Place Homeowners Association
Architectural Request Form**

Name(s): _____ Date: _____

I/We, _____, hereby request approval by the Avian Place Board of Directors for the modification(s) shown below to the Unit located at (street address):

Home Phone: _____ Cell/Work Phone: _____

SUBJECT BEING REQUESTED - Please describe in detail, including materials, colors as well as size. If more room is needed, please continue the subject being requested section on page 2.

NOTE: all aluminum work (shutters, lanai cages, gutters, replacement windows, and screen doors should all be in the color WHITE to conform to community standards).

Complete Re-screening of Lanai Cages requires an ARC form. Ground level re-screening does not.

Please include the following:

1. Name of Company Performing Work: _____
2. Address, Phone, Fax: _____
3. Copy of Certificate of Insurance (Accord Form: Certificate Holder should list Avian Place HOA, c/o Schoo Association Management, LLC, 9403 Cypress Lake Dr., Suite C, Fort Myers, FL 33919. Also add to the Certificate Holder the Homeowners name and the name & address where the work is being completed. Description of Operations/Location should include the scope of work and the Name and Address of the Homeowner where work is being completed. Minimum General Liability Insurance is \$1,000,000 and Workers Compensation is \$500,000. If you are exempt from Workers Compensation, we must have a copy of the Exemption Certificate
4. Permits – where Applicable.

****Any expense incurred due to the City/County code changes will be the responsibility of the applicant.**

DRAWING ATTACHED. If no drawing(s) is attached, please use the area provided on the next page of this form.

I/We hereby make application to the Avian Place Board of Directors for the above-described item to be approved in writing by the Avian Place Board of Directors.

I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item(s) removed if it was installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Avian Place Board of Directors and must be completed as presented. Any changes that are not approved, will not be accepted without the approval of the Avian Place Board of Directors. The Avian Place Board of Directors will review your request at their earliest convenience. Approvals do NOT need to wait for the next Avian Place Board of Directors Meeting. Please allow sufficient time to be reviewed.

Please sketch your improvements to scale and in location to existing structures on the property:



SUBJECT BEING REQUESTED - Please describe in detail, including materials, colors as well as size.

Please return all pages and information to one of the following locations:

Avian Place HOA
c/o Schoo Association Management, LLC
9403 Cypress Lake Dr. Suite C
Fort Myers, FL 33919
Office: 239-362-3091
Fax: 239-362-0894
laurenr@sam.cam.biz

Province Park Clubhouse
3555 Milan Dr
Fort Myers, FL 33916
Office: 239-931-0172
Fax: 239-931-0324

The above request for modification at _____ (address) has been:

_____ Approved _____ Not Approved by the Avian Place Board of Directors.

_____ Signature of Approving Avian Place Board of Directors Member.

Comments: _____

AVIAN PLACE BOARD OF DIRECTORS: _____ Approved _____ Not Approved

_____ Signature of Avian Plance Board of Director Representative.

DATE _____ TIME _____

Comments: _____

OFFICE USE ONLY:

_____ GENERAL LIABILITY INSURANCE (Minimum of \$1,000,000)

_____ WORKERS COMPENSATION (Minimum of \$500,000)

_____ WORKERS COMPENSTATION EXEMPTION FORM FROM THE STATE OF FLORIDA