

HEATHER RIDGE I
c/o Premier CAM Services
PO Box 152047
Cape Coral, FL 33915
239-217-6599

ARCHITECTURAL REVIEW BOARD REQUEST

(Please type or print all information clearly)

OWNER(S): _____

DATE: _____

SITE ADDRESS: _____

MAILING ADDRESS: (if different from above site address) _____

HOME PHONE # _____ CELL PHONE# _____ TYPE OF

REQUEST:

Please include the following:

Name of company performing work _____ Phone _____ Fax _____

- Copy of Site Plans
- Copy of Occupational License
- Certificate of Insurance
- Permits – Where Applicable *

* Any expenses incurred due to City/ County codes change will be the responsibility of the applicant.

DRAWINGS ATTACHED: YES _____ NO _____

I/WE HERE BY MAKE APPLICATION TO THE ARCHITECTURAL REVIEW BOARD FOR THE ABOVE DESCRIBED ITEM TO BE APPROVED IN WRITING BY THE "REVIEW BOARD" AND THE BOARD OF DIRECTORS. IF I HAVE NOT RECEIVED THE WRITTEN NOTIFICATION OF RECEIPT WITHIN 30 DAYS OF THE SUBMITTED REQUEST, I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE MANGEMENT COMPANY TO ENSURE MY APPLICATION HAS BEEN RECEIVED.

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 REMOVED/ CHANGED IF IT IS INSTALLED WITHOUT PRIOR APPROVAL OR IF WORK PERFORMED DOES NOT CORRESPOND WITH THE APPLICATION REQUEST. I/WE UNDERSIGNED UNIT OWNER(S), WILL ASSUME ALL LIABILITY FOR ANY DAMAGE INCURRED AS A RESULT OF THIS MODIFICATION AS WELL AS ANY ADDITIONAL MAINTENANCE COST THAT MAY BE INCURRED.

OF OWNER

SIGNATURE OF OWNER

SIGNATURE

PLEASE RETURN FORM AND ALL INFORMATION TO:

HEATHER RIDGE I
c/o Premier CAM Services
PO Box 152047
Cape Coral, FL 33915
239-217-6599

HEATHER RIDGE I BOARD OF DIRECTORS

APPROVED: _____ DISAPPROVE: _____ APPROVED AS NOTED: _____

AUTHORIZING SIGNATURE _____ DATE _____

Comments: _____
