

Request for Architectural Control Review

Cypress Landing Association
10036 Lone Cypress St.
Fort Myers, FL 33966

PLEASE NOTE: Faxed copies are not accepted; original form must be submitted.

Name of Owner(s) _____

Address _____

Date: _____ Phone: _____

Approval is hereby requested for the following modification(s), additions(s), and or alterations as described below and on attached pages. Please check applicable item(s), and/or describe below.

Hurricane Shutters

Roof Repair

Doors new

Screening/enclosure new

Driveway

Patio Extension

Exterior

Other (please list below)

THIS IS A RE-SUBMITTAL: Yes No

Additional information _____

This section must be completed:

The work will be performed by a contractor. (Please provide a copy of their license & proof of insurance)

The work will be performed by the homeowner. (Please read and initial the statement below)

The applicant AKA homeowner holds the association and its managing agent harmless in the event that we (the applicant) plan on initiating the improvement ourselves.

For most applications specifications of modifications (i.e. size, color, type of material) and diagram or site plan are required. Other documentation may be required, please check the appropriate items below:

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Initial plans and/or specification attached | <input type="checkbox"/> Materials designation plan/sample attached |
| <input type="checkbox"/> Revised plans and/or specification attached | <input type="checkbox"/> Plans sealed & signed by Professional |
| <input type="checkbox"/> Tree survey attached | <input type="checkbox"/> Plans signed by owner |
| <input type="checkbox"/> Lot survey attached | <input type="checkbox"/> Proposed improvement contract attached |
| <input type="checkbox"/> Color plan/samples attached | |

ANTICIPATED COMMENCEMENT DATE: _____

ANTICIPATED COMPLETION DATE: _____

Owner's
Signature(s): _____

*****For ARC Committee use only*****

Date application received: _____

Date of approval/disapproval _____

Signature of Architectural Control Committee _____

Date reviewed by PM: _____ approved _____ disapproved _____

Your approval is subject for the following:

- You are responsible for obtaining any necessary permits from the appropriate building and zoning department(s).
- Access to areas of construction is only to be allowed through your property and you are responsible for any damages done to the Common Areas during construction.

Explanation of Disapproval:

