

CYPRESS LANDING PATIO/LANAI EXTENSION/DRIVEWAY GUIDELINES

1. Sprinklers affected by installation must be repositioned and capped as necessary by the association irrigation contractor at the owners' expense. Ask office for # JoAnnCypressLanding@comcast.net
2. Property boundaries must be delineated by plot and marked out prior to installation for approval by the board after the recommendation of the Architectural Review Committee (ARC) before work can begin. **Go to Leepa.org for boundaries.**
3. No fence may be installed as part of any patio or lanai extension. This is the Fire Code requirement for multi-family dwellings.
4. All colors of stone, paver or other ground cover for the patio must be of earth tone shades and be approved by the board prior to installation after review and recommendation by the ARC. **Color: Chestnut-Buff-Charcoal 3piece Euro Cobble.**
5. Patio/lanai extensions cannot impose on association's common foliage or plantings.
6. Lateral edges of patio surface must rest within the confines of the unit's lateral lanai openings by a minimum of 6 inches of each side.
7. Back edge of patio must rest at least 1 (one) foot inside the back boundary property line, but in no case will a patio be deeper than 10 feet from the back edge of the lanai regardless of property line boundaries.
8. In no case may a patio breach a community or association easement and must stay 1 foot back from easement lines. See guideline 7.
9. All installations are contingent upon final ARC/Board approval after all work has been completed.
10. A site plan must be submitted to the ARC with the request for patio installation to be considered.
11. Permitting compliance is expected and a copy provided to the Board prior to work beginning if one is required by local or city ordinance, or by rule of another governing body.
12. Any planting that obstructs the view of another resident and a complaint is registered with the Board, then the planting must be moved or removed at the direction of the Board.
13. Any planting that obstructs the view of another resident and a complaint is registered with the Board, then the planting must be moved or removed at the direction of the Board.
14. See attached sample submission as a guideline for the information that is required for a complete submission. Incomplete submissions will not be reviewed and will be returned to the owner.

Check List for Homeowner & ARC Committee members.

_____Landscape initials

_____ARC initials

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 _____

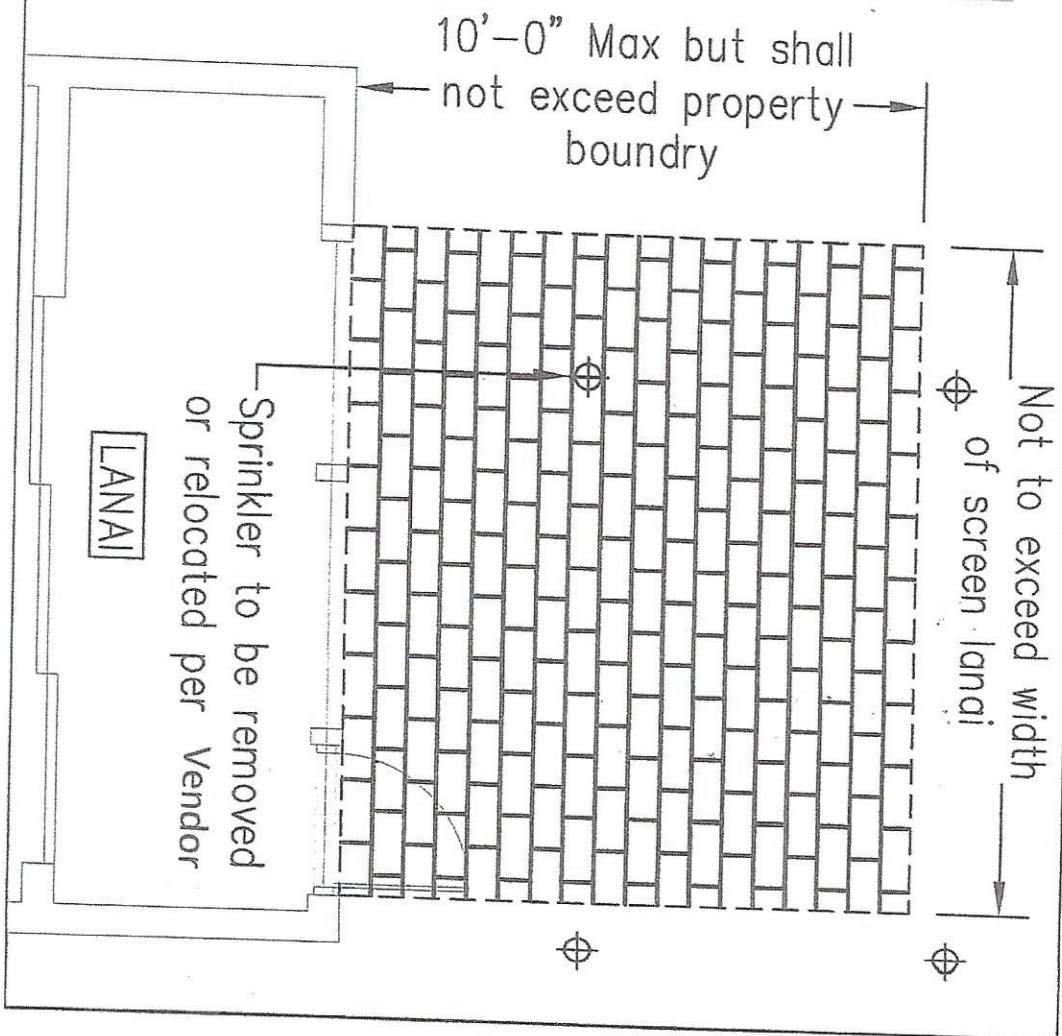
Your approval is subject for the following:

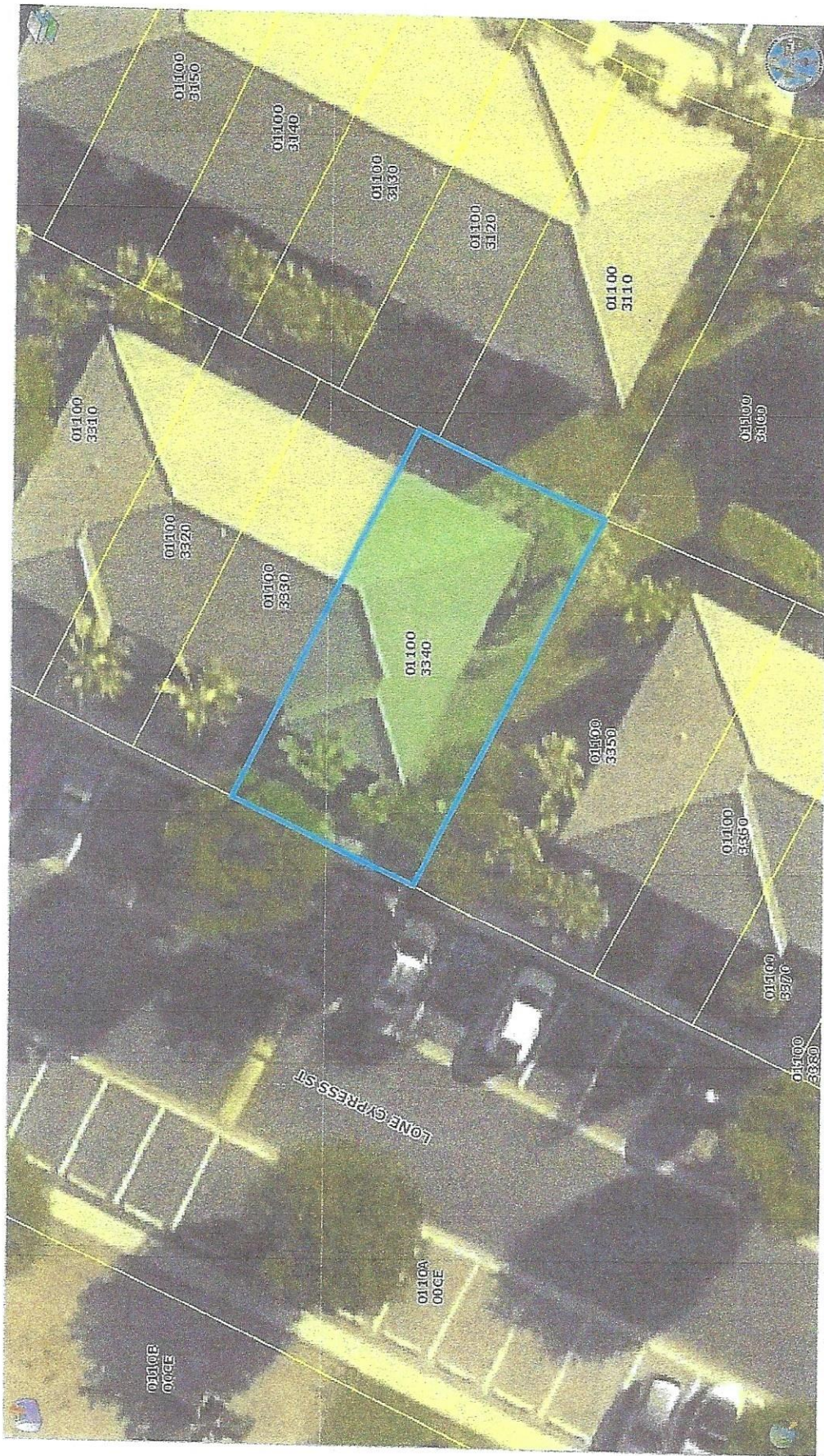
- You are responsible for obtaining any necessary permits from the appropriate building and zoning department(s).
- Access to areas of construction is only to be allowed through your property and you are responsible for any damages done to the Common Areas during construction.

Explanation of Disapproval:

Existing irrigation sprinkler, homeowner is responsible for coordinating with Irrigation Vendor for relocation of swap out of head types. Must be indicated on your submission.
Provide written verification/estimate from Irrigation vendor for any sprinkler work
As part of submission -----> 

SAMPLE OF DRAWING





Sample
go to
Leepa.org

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2009

Insurer Name

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

INSURERS AFFORDING COVERAGE

NAIC#

Contractor Name

INSURER A CNA Insurance Company

INSURER B

INSURER C

INSURER D

INSURER E

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER</p> <p><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>		04/04/09	04/04/10	<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000</p> <p>MED EXP (Any one person) \$ 5,000</p> <p>PERSONAL & ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COMP/OP AGG \$ 2,000,000</p>
A	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p>		04/04/09	04/04/10	<p>COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN AUTO ONLY EA ACC AGG \$</p>
A	<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN AUTO ONLY EA ACC AGG \$</p>
A	<p>EXCESS / UMBRELLA LIABILITY</p> <p><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE</p> <p><input type="checkbox"/> DEDUCTIBLE</p> <p><input type="checkbox"/> RETENTION \$</p>		04/04/09	04/04/10	<p>EACH OCCURRENCE \$ 5,000,000</p> <p>AGGREGATE \$ 5,000,000</p>
A	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</p> <p>If yes, describe under SPECIAL PROVISIONS below</p> <p>Y/N <input type="checkbox"/></p>		09/08/09	09/08/10	<p><input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER</p> <p>E.L. EACH ACCIDENT \$ 100,000</p> <p>E.L. DISEASE - EA EMPLOYEE \$ 100,000</p> <p>E.L. DISEASE - POLICY LIMIT \$ 500,000</p>
	OTHER				

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Cypress Landings HOA
10036 Lone Cypress St.
Fort Myer, Florida 33966

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]