

ARC/LANDSCAPE AND BUILDING REQUEST FOR ALTERATIONS, REPAIRS AND RECONSTRUCTION

Please indicate: Carriage Homes

Courtyard I

Courtyard II

Date Requested: _____

Contact phone no. _____ Email: _____

I/we _____, hereby request approval by the Board for the modification shown below to residence located at:

Mailing address for notices regarding this application if different from the address given above:

Name: _____ Contact Phone No: _____

Complete Address _____

SUBJECT BEING REQUESTED:

(Please describe in detail, include materials and colors used as well as size):

Please include the following:

- ◆ Name of Company Performing Work
- ◆ Copy of the Occupational License
- ◆ Certificate of Insurance
- ◆ Permits (Where Applicable)
- ◆ Signed and Sealed Engineering Drawings (Where Applicable)

Note: Any expense incurred due to City/County Code changes will be the responsibility of applicant

DRAWING ATTACHED:

If no drawings are attached, please use the area provided on the reverse side of this form.

I/We hereby make application to the Design Review Committee for the above-described item to be approved, in writing, by the Design Review Committee.

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 if it is installed without approval. I/We also acknowledge that if this request is granted "AS PRESENTED" to the Modifications Committee, the work must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee.

Signature of Applicant

Signature of Applicant

**Please allow for 5-10 business days for processing.*

If rush needed, indicate date and reason so that the application can be expedited if possible.

CERTIFICATE OF INSURANCE INSTRUCTIONS FOR ARCS

PLEASE READ FIRST

The Certificate Holder on the Certificate of Insurance **MUST** be made out to the Master Property Association & the Master POA Address.

=> Not the Homeowner or the Company performing the work. <=



⇒ **The Certificate Holder MUST read Your Sub-Association Name.**

The Certificate Holder Name **CANNOT** be the Homeowner's Name or the Vendor or Contractor's Name.

Please See the Chart at the Bottom of this Page if
You are Not Sure what Your Sub-Association is.

⇒ **The Address on the Certificate Holder MUST be the Bell Tower Park Clubhouse Address.**

The Certificate Holder Address **CANNOT** be the Homeowner's Address or the Vendor or Contractor's Address.

The Certificate Holder on the Certificate of Insurance MUST Read as Follows:

[YOUR SUB-ASSOCIATION NAME]
5100 BELL TOWER PARK BLVD.
FORT MYERS, FL 33912

CORRECT CERTIFICATE HOLDER EXAMPLES FOR EACH SUB-ASSOCIATION:

CARRIAGE HOMES <u>5100 BELL TOWER PARK BLVD.</u> <u>FORT MYERS, FL 33912</u>	COURTYARD I HOMES <u>5100 BELL TOWER PARK BLVD.</u> <u>FORT MYERS, FL 33912</u>	COURTYARD II HOMES <u>5100 BELL TOWER PARK BLVD.</u> <u>FORT MYERS, FL 33912</u>
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Look Up Your Street Address in the Chart Below to Find your Sub-Association Name

CARRIAGE HOMES	COURTYARD I HOMES	COURTYARD II HOMES
<u>West Hyde Park Drive</u>	<u>Bently Circle</u>	<u>Avon Park Circle - NO Unit #</u>
<u>West Hyde Park Circle</u>	<u>Kensington Loop</u>	<u>Cheshire Drive - NO Unit #</u>
<u>Berkshire Drive</u>	<u>Kensington Lane</u>	<u>Cambridge Drive - NO Unit #</u>
<u>Cheshire Drive:</u>		
<u>101, 102, 103, 104</u>		
<u>201, 202, 203, 204</u>		
<u>Chelsey Lane</u>		
<u>Cambridge Drive:</u>		
<u>101, 102, 103, 104</u>		
<u>201, 202, 203, 204</u>		
<u>Avon Park Circle:</u>		
<u>101, 102, 103, 104</u>		
<u>201, 202, 203, 204</u>		