

Plantation Preserve Homeowners Association

ARCHITECTURAL CONTROL REQUEST

UNIT: _____ DATE: _____

UNIT OWNER / APPLICANT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

SUBJECT BEING REQUESTED (Describe in detail, including materials, colors and size)

----PLEASE INCLUDE THE FOLLOWING----

- NAME OF COMPANY PERFORMING WORK
- COPY OF THE CONTRACTOR'S OCCUPATIONAL LICENSE
- CONTRACTOR'S CERTIFICATE OF INSURANCE
- PERMITS – WHERE APPLICABLE
- DRAWINGS ATTACHED: YES _____ NO _____

I/We hereby make application to the Board of Directors for the above-described work/alteration.

I/We understand that approval of our request must be granted before I/We can have the job started.
I/We also acknowledge that I/We could be forced to have above described work removed if it is installed without approval.

Signature of Applicant

Signature of Applicant

APPROVAL _____

DISAPPROVAL _____

DATE: _____

BY: _____

Title

C/O P & M Property Management
14360 South Tamiami Trail unit B., Fort Myers, Florida 33912
Phone # 239- 481-1577 – Fax # 239- 481-1789
E-mail address MindManors@aol.com