

ARCHITECTURAL REVIEW FORM

Please Return Completed Form To: Tropical Isles Management Services
14041 Brant Point Circle, Fort Myers, FL 33919
Phone: (239) 415-9500 Fax: (239) 415-9502
Email: heritagecoveoffice@comcast.net

DATE: _____

NEIGHBORHOOD ASSOC: _____

NAME OF OWNER(S): _____

PROPERTY ADDRESS: _____

PHONE(S): _____ EMAIL: _____

Request:

Include the following:

- 1.) Name of Company performing work: _____ Phone: _____
 2.) Copy of Site Plan **to include** drawings, photos, specifications and attachments
 3.) Business License & Certificates of Insurance COMMERCIAL LIABILITY / AUTO LIABILITY / WORKER'S COMP (OR WAIVER)
 4.) Permits – provided by the Vendor

I/We hereby make application to the Architectural Review Committee (ARC) for the above described project for consideration and approval. I/We understand that approval of our request must be granted before work can begin.

Signature of Owner

Signature of Owner

NOTE TO OWNER: AR Forms must be reviewed by a Board Member of your Neighborhood Association prior to submission to the ARC. It is the responsibility of the owner to submit the form & documentation to the ARC in a timely fashion.

(FOR NEIGHBORHOOD ASSOCIATION BOARD USE ONLY)

Approved/Reviewed Date: _____ Denied Date: _____

Response:

Signature of Neighborhood Association Board Member

Print Name

(FOR ARC USE ONLY)

Approved Date: _____ Denied Date: _____

Response:

Signature of ARC Chairperson

Print Name