

**REQUEST FOR ARCHITECTURAL CHANGE
COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM
ASSOCIATION**

UNIT # _____

NAME OF OWNER: _____

ADDRESS: _____ PHONE: _____

DATE: _____

I (we) the undersigned owner(s) request permission to, (circle one): alter, install, change interior or exterior, etc.
ATTACH PLANS.

Contractors: Name, address, and telephone #: _____

I AM AWARE THAT THE CONTRACTOR MUST BE LICENSED AND FURNISH A CERTIFICATE OF INSURANCE COVERAGE PRIOR TO STARTING WORK.

Signature of Owner: _____

Owner: _____

The recommendation of the ARCHITECTURAL CONTROL COMMITTEE IS:

APPROVAL: _____

REJECTION: _____

Chairman: _____

Disposition by the EXECUTIVE COMMITTEE:

APPROVAL: _____

REJECTION: _____

Chairman: _____

If Approved, date of architectural committee inspection of completed change: _____

I (we) agree to maintain exterior improvements in accordance with the standards of Country Pines of North Fort Myers Condominium Association.

FORM MUST BE COMPLETED IN DUPLICATE

Contractor must post a copy of this approval at job site.