

Park Estates Homeowners Association
REQUEST FOR ARCHITECTURAL REVIEW AND APPROVAL
FOR IMPROVEMENTS TO SUBJECT PROPERTY

DATE SUBMITTED: _____

BY OWNER: _____ PHONE: _____

ADDRESS: _____ LOT: _____

CONTRACTOR NAME: _____

ADDRESS: _____ PHONE: _____

(Note: Verification of contractor's license and proof of liability insurance is required for improvements)

This application is being submitted for (please provide a brief description of improvement):

NOTE: Include a site plan (when applicable) showing property line setbacks and easements.

ESTIMATED PROJECT START DATE: _____ FINISH DATE: _____

Please list any similar projects in the Park Estates subdivision (or surrounding area):

Please submit this request and applicable supporting plans for review and acceptance to a member of ARC or the Board of Directors of the Park Estates Homeowners Association. You can also mail your request to:

ATTN: Architectural Review Committee
Park Estates Homeowners Association
560 Park Estates Square
Venice, FL 34293

ARCHITECTURAL REVIEW COMMITTEE DATE: _____

APPROVE RE-SUBMIT (per explanation attached) BY: _____

BOARD OF DIRECTORS DATE: _____

APPROVE RE-SUBMIT (per explanation attached)

PLEASE RETAIN THIS FORM IN YOUR RECORDS FOR VERIFICATION OF APPROVAL