

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

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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):

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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):

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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

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ARCHITECTURAL REVIEW COMMITTEE DATE: \_\_\_\_\_

APPROVE     RE-SUBMIT (per explanation attached) BY: \_\_\_\_\_

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BOARD OF DIRECTORS DATE: \_\_\_\_\_

APPROVE     RE-SUBMIT (per explanation attached)

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PLEASE RETAIN THIS FORM IN YOUR RECORDS FOR VERIFICATION OF APPROVAL