

**Estero Palms Homeowners Association  
ARC Form**

Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

Approval is hereby requested for the following modification(s), addition(s) and/or alterations as described below and on attached pages. (Check applicable box and/or describe below):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Doors New          | <input type="checkbox"/> Patio (Exten./Addition) | <input type="checkbox"/> Screening/Enclosure New |
| <input type="checkbox"/> Driveway New       | <input type="checkbox"/> Play Structure          | <input type="checkbox"/> Solar Collectors        |
| <input type="checkbox"/> Exterior           | <input type="checkbox"/> Pool                    | <input type="checkbox"/> Wall/Fence              |
| <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Roof repair             | <input type="checkbox"/> Window Treatment        |
| <input type="checkbox"/> Landscaping        | <input type="checkbox"/> Satellite/Antenna       | <input type="checkbox"/> Other (list below)      |

Additional Information/Location/Placement/etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Section Must be Completed:**

- ☐ The work will be performed by a licensed contractor. (must provide a copy of their Lee County License and Insurance)
- ☐ The work will be performed by a homeowner. (Please read and initial the statement below)  
\_\_\_\_\_ The applicant/homeowner holds the Association and its managing agent harmless in the event that we (the applicant plans on initiating the improvement ourselves)

**For most applications, specifications of modification (size, color, type of material) and a diagram or site plan are required. Other documentation may be required. Please check the appropriate boxes below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Initial Plans and or Specifications Attached | <input type="checkbox"/> Materials Designation Plan/Samples Attached |
| <input type="checkbox"/> Revised Plans and/or specifications Attached | <input type="checkbox"/> Plans sealed and signed by Professional     |
| <input type="checkbox"/> Tree Survey Attached                         | <input type="checkbox"/> Plans signed by Owner                       |
| <input type="checkbox"/> Lot Survey Attached                          | <input type="checkbox"/> Proposed Improvement Contract Attached      |

Commencement Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Owners Signature \_\_\_\_\_

***Your approval is subject to the following:***

*1) You are responsible for obtaining any necessary permits from city/county. 2) Access to areas of construction is only allowed through your property & you are responsible for any damage to common area.*

-----For ARC Use Only-----

- |                                      |   |
|--------------------------------------|---|
| Date Received ____/____/____         | Date of Approval/Disapproval ____/____/____ |
| <input type="checkbox"/> Approved    | Approved/Disapproved by: _____              |
| <input type="checkbox"/> Disapproved |   |

Explanation of disapproval \_\_\_\_\_