

MANGROVE BAY OF LEE COUNTY CONDO ASSOCIATION INC
c/o Professionally Yours LLC
PO Box 152413, Cape Coral FL 33915
Phone: 239-989-1031 Email: Support@ProfessionallyYours.NET

ARCHITECTURAL REVIEW COMMITTEE (ARC) REQUEST FORM

**PLEASE PRINT ALL INFORMATION CLEARLY. PLEASE RETURN FORM AND ALL
INFORMATION VIA EMAIL, OR MAIL TO ABOVE ADDRESS.**

OWNER NAME: _____

ADDRESS/UNIT#: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

TYPE OF REQUEST: (Please describe in detail, material, colors, size, type, etc.) Use additional pages as needed.

Name of company performing work, or Self: _____

Company Phone: _____

DRAWINGS AND/OR PHOTOS ATTACHED: YES _____ NO _____

Please include the following if applicable to include:

Copy of Site Plans, Copy of Occupational License, Certificate of Insurance, and/or Permits, etc.

NOTE: Any expenses incurred due to City/ County codes change will be the responsibility of the applicant. **The Association has 30 days from the date the application is received in which to approve or deny your application.**

I/WE HERE BY MAKE APPLICATION TO THE ARCHITECTURAL REVIEW COMMITTEE FOR THE ABOVE DESCRIBED ITEM TO BE APPROVED IN WRITING BY THE "REVIEW COMMITTEE" AND THE BOARD OF DIRECTORS. IF I HAVE NOT RECEIVED THE WRITTEN NOTIFICATION OF RECEIPT WITHIN 30 DAYS OF THE SUBMITTED REQUEST, I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE MANAGEMENT COMPANY TO ENSURE MY APPLICATION HAS BEEN RECEIVED.

I/WE UNDERSTAND THAT APPROVAL OF OUR REQUEST MUST BE GRANTED BEFORE I/WE CAN HAVE THE JOB STARTED. **I/WE ALSO ACKNOWLEDGE THAT WE COULD BE FORCED TO HAVE THE ITEM LEGALLY REMOVED AND/OR CHANGED IF IT IS INSTALLED WITHOUT PRIOR APPROVAL.** BY PROVIDING YOUR SIGNATURE, EITHER DIGITALLY (TYPED) OR HANDWRITTEN, CONSTITUTES YOUR AGREEMENT TO THE ABOVE TERMS AND CONDITIONS.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY:

APPROVED: _____ DENIED: _____

PENDING CONTINGENCIES: _____

AUTHORIZING SIGNATURE

DATE