

Gulf Breeze Management Services, Inc.  
8910 Terrene Court, Suite 200  
Bonita Springs, FL 34135  
Phone: 239-498-3311 Fax: 239-498-4974  
[www.gulfbreezemanagement.com](http://www.gulfbreezemanagement.com)

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Thank you for requesting the enclosed Architectural Form.

The **completed** form should be returned to Gulf Breeze Management  
for processing:

Fax: 239-498-4974  
Email: [arc@gulfbreezemanagement.com](mailto:arc@gulfbreezemanagement.com)  
Mail: 8910 Terrene Court #200  
Bonita Springs, FL 34135

If you want your approval letter emailed to you, be sure to clearly print  
your email address on the application.

**\*\*\*Incomplete forms and all supporting  
documentation (including certificates of  
insurance without the proper additional insured  
information- see application for details) will not be  
processed and will be returned to you to resubmit  
with ALL the required documentation before  
processing.**

***Avellino Isles Condominium Assn, Inc***  
Architectural Review Committee  
Request for Alterations, Repair, or Reconstruction

Unit Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

I/WE hereby request approval by the Avellino Isles Architectural Review Committee for the modification shown below (Check applicable box and describe below):

<input type="checkbox"/>	Window Replacement	<input type="checkbox"/>	Interior Flooring	<input type="checkbox"/>	Other
<input type="checkbox"/>	Window Treatments	<input type="checkbox"/>	Interior Wall Alterations	<input type="checkbox"/>	
<input type="checkbox"/>	Doors - New	<input type="checkbox"/>	Electrical Alterations	<input type="checkbox"/>	
<input type="checkbox"/>	Garage Door	<input type="checkbox"/>	Plumbing Alterations	<input type="checkbox"/>	
<input type="checkbox"/>	Hurricane Shutters	<input type="checkbox"/>	Water Heater Replacement	<input type="checkbox"/>	
<input type="checkbox"/>	Lanai Flooring	<input type="checkbox"/>	AC Unit Replacement	<input type="checkbox"/>	

This is a re-submittal: \_\_\_\_\_ YES \_\_\_\_\_ NO

Describe in detail, include materials, colors, size, etc...:

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**The following must be included:**

- Name of Company
- Copy of Occupational License
- Certificate of Insurance
- Permits, if applicable
- Signed & Sealed Engineering Drawings, if applicable
- Color Samples if Applicable

NOTE: Any expense incurred due to City/County changes will be the responsibility of the homeowner.

Please Check Appropriate Box(s):

<input type="checkbox"/>	Initial Plans and/or Specifications Attached	<input type="checkbox"/>	Color Plans / Samples Attached
<input type="checkbox"/>	Revised Plans and/or Specifications Attached	<input type="checkbox"/>	Materials Designation Plan / Samples Attached
<input type="checkbox"/>		<input type="checkbox"/>	Plans Sealed & Signed by Professional
<input type="checkbox"/>		<input type="checkbox"/>	Plans Signed by Owner
<input type="checkbox"/>		<input type="checkbox"/>	Proposed Improvement Contract Attached
<input type="checkbox"/>		<input type="checkbox"/>	

Anticipated Commencement Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**Drawings Attached:** If NO drawings are attached, please use the area provided on the reverse side of this form.

I / WE understand that approval of our request must be granted before I/WE can start the job. I/WE also acknowledge that we could be forced to have the item removed if it is installed without approval. I/WE also acknowledge that this request is granted "as presented" to the Committee, the work must be complete as presented. Any changes are not approved and will not be accepted without prior approval from the Committee.

I/We understand that additional information may be required for the processing of this ARC application. Under certain circumstances an Indemnification of the Association may also be required and will be requested by management during the review process.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return this Form to:**

Avellino Isles Condominium Association, Inc  
C/O Gulf Breeze Management  
8910 Terrene Court Suite 200, Bonita Springs, FL 34135  
Phone No.: (239) 498-3311 / Email: ARC@gulfbreezemanagement.com

**FOR ARCHITECTURAL REVIEW COMMITTEE USE ONLY:**

The above request for modification has been:

\_\_\_\_\_ APPROVED      \_\_\_\_\_ DISAPPROVED      \_\_\_\_\_ APPROVED WITH THE FOLLOWING CHANGES  
(See Attached Report)

AR Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE (MM/DD/YYYY)