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

Thank you for requesting the enclosed Architectural Form.

The <u>completed</u> form should be returned to Gulf Breeze Management for processing:

Fax: 239-498-4974 Email: <u>arc@gulfbreezemanagement.com</u> 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.

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

## 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):

| Window Replacement | Interior Flooring         | Other |
|--------------------|---------------------------|-------|
| Window Treatments  | Interior Wall Alterations |       |
| Doors - New        | Electrical Alterations    |       |
| Garage Door        | Plumbing Alterations      |       |
| Hurricane Shutters | Water Heater              |       |
|                    | Replacement               |       |
| Lanai Flooring     | AC Unit Replacement       |       |

This is a re-submittal: \_\_\_\_\_YES \_\_\_\_NO

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

## 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):

|  |  | -   |  |  |
|--|--|---|--|--|
| Initial Plans and/or Specifications Attached |  | Color Plans / Samples Attached                |  |  |
| Revised Plans and/or Specifications Attached |  | Materials Designation Plan / Samples Attached |  |  |
|  |  | Plans Sealed & Signed by Professional         |  |  |
|  |  | Plans Signed by Owner                         |  |  |
|  |  | Proposed Improvement Contract Attached        |  |  |
|  |  |   |  |  |

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:  |  |

CORD

## CERTIFICATE OF LIABILITY INSURANCE

| THIS CERTIFICATE IS ISSUED AS A MATTE<br>CERTIFICATE DOES NOT AFFIRMATIVELY<br>THIS CERTIFICATE OF INSURANCE DOES N<br>REPRESENTATIVE OR PRODUCER, AND TH     | OR NEG                | ATIVELY AMEND  | , EXTEND C<br>TRACT BET         | R ALTER THE                      | COVERAGE /   | AFFORDED BY THE POL  |                              |
|---|-----------------------|--|---------------------------------|----------------------------------|--|--|------------------------------|
| IMPORTANT: If the certificate holder is an ADDITIC<br>WAIVED, subject to the terms and conditions of th<br>certificate holder in lieu of such endorsement(s). | ONAL INS<br>e policy, | SURED, the policy (ie<br>certain policies may  | es) must have<br>v require an e | ADDITIONAL IN<br>ndorsement. A s | SURED provision this statement on the statement of t | ons or be endorsed. If SUBR<br>s certificate does not confer | OGATION IS rights to the     |
| PRODUCER  |                       |  | CONTACT NAM                     | ME:                              |  |  | and the second second second |
| Name of insurance company   |                       |  | PHONE (A/C, N                   | lo, Ext):                        |  | FAX (A/C, No):   |                              |
| Address   |                       |  | E-MAIL ADDRE                    | SS:                              |  |  |                              |
|   |                       |  |                                 | INSURER(S                        | 6) AFFORDING CO  | VERAGE   | NAIC#                        |
|   |                       |  | INSURER A:                      |                                  |  |  |                              |
| INSURED   |                       |  | INSURER B:                      | S1                               |  |  |                              |
| Name of vendor providing service  |                       | -  | INSURER C:                      |                                  |  |  |                              |
| Address   |                       | -  | INSURER D:                      |                                  |  |  |                              |
| / tutioss   |                       | -  | INSURER E:                      |                                  |  |  |                              |
| COVERAGES CER   | TIFICATE              | NUMBER:  | INSURER F:                      |                                  | 1111111  | REVISION NUMBER:   |                              |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN   | ICE LISTED            | BELOW HAVE BEEN I  | SSUED TO THE                    | INSURED NAMED                    | ABOVE FOR THE  | POLICY PERIOD INDICATED.                                     |                              |
| NOTWITHSTANDING ANY REQUIREMENT, TERM OR C<br>PERTAIN, THE INSURANCE AFFORDED BY THE POLIC<br>MAY HAVE BEEN REDUCED BY PAID CLAIMS.                           | IES DESCR             | OF ANY CONTRACT OF<br>RIBED HEREIN IS SUBJ   | ECT TO ALL TH                   | IE TERMS, EXCLUS                 | ECT TO WHICH TH<br>SIONS AND CONDI   | TIONS OF SUCH POLICIES. LIMI                                 | D OR MAY<br>TS SHOWN         |
| INSR<br>LTR TYPE OF INSURANCE ADD<br>INSURANCE  | DL SUBR               | POLICY NUM   | BER                             | POLICY EFF<br>(MM/DD/YYYY)       | POLICY EXP<br>(MM/DD/YYYY)   | LIMITS   |                              |
| COMMERCIAL GENERAL LIABILITY  |                       | щиницинин  |                                 |                                  |  | EACH OCCURRENCE  | \$                           |
| CLAIMS-MADE OCCUR   |                       | #############  | ###                             | ##/##/##                         | ##/##/##   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                 | \$                           |
|   |                       |  |                                 |                                  |  | MED EXP (Any one person)                                     | \$                           |
|   |                       |  |                                 |                                  |  | PERSONAL & ADV INJURY  | \$                           |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |                       |  |                                 |                                  |  | GENERAL AGGREGATE<br>PRODUCTS-COMP/OP AGG                    | \$                           |
| OTHER:  |                       |  |                                 |                                  |  | PRODUCTS-COMP/OP AGG   | \$<br>\$                     |
| AUTOMOBILE LIABILITY  |                       |  |                                 |                                  | outor w  | COMBINED SINGLE LIMIT<br>(Ea accident)                       | \$                           |
| ANY AUTO  |                       | #######################################  | ###                             | ##/##/##                         | ##/##/##   | BODILY INJURY (Per person)                                   | 3                            |
| OWNED AUTOS SCHEDULED<br>ONLY AUTOS   |                       |  |                                 |                                  |  | BODILY INJURY (Per accident)                                 |                              |
| HIRED AUTOS NON-OWNED   |                       |  |                                 |                                  |  | PROPERTY DAMAGE<br>(Per accident)                            | \$                           |
| ONLY  |                       |  |                                 |                                  |  |  | \$                           |
| UMBRELLA LIAB OCCUR   |                       |  |                                 | ##/##/##                         | ##/##/##   | EACH OCURRENCE   |                              |
| EXCESS LIAB   |                       | #################  | ###                             |                                  |  | AGGREGATE  | s                            |
| DED RETENTION \$  | _                     |  |                                 |                                  |  |  | \$                           |
| WORKERS COMPENSATION AND  |                       | ################   | ###                             | ##/##/##                         | ##/##/##   | X PER STATUTE OTH-   |                              |
| ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?  |                       |  |                                 |                                  |  | E.L. EACH ACCIDENT   |                              |
| (Mandatory In NH)   |                       |  |                                 |                                  |  |  |                              |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                       |  |                                 |                                  |  | E.L. DISEASE-EA EMPLOYEE                                     |                              |
|   |                       |  |                                 |                                  |  | E.L. DISEASE-POLICY LIMIT                                    |                              |
|   |                       |  |                                 |                                  |  |  | $\bigvee$                    |
|   |                       |  |                                 |                                  |  | 9  |                              |
|   |                       |  |                                 |                                  |  |  |                              |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES  | (ACORD 10             | 01, Additional Remarks   | Schedule, may                   | be attached if more              | space is required  | )  |                              |
| Additional Insured: Association Name  | e and G               | Gulf Breeze Ma   | nagement                        | Services of                      | SWFL INC   |  |                              |
| 8910 Terrene Cou  | rt Suite              | 200  |                                 |                                  |  |  |                              |
| Bonita Springs Fl.  | 34135                 | 5  |                                 |                                  |  |  |                              |
|   |                       |  |                                 |                                  |  |  |                              |
|   |                       |  |                                 |                                  |  |  |                              |
| CERTIFICATE HOLDER  |                       |  | CANCE                           | LLATION                          |  |  |                              |
|   |                       |  |                                 |                                  |  |  |                              |
| Home owner's name<br>Home owner's address   |                       | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE<br>EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE<br>POLICY PROVISIONS. |                                 |                                  |  |  |                              |
|   |                       |  | AUTHORIZED                      | REPRESENTATIV                    | X  |  |                              |

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