

## ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR MODIFICATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request approval by the Architectural  
Review  
Committee for the modification shown below to Unit/Lot \_\_\_\_\_ located at  
\_\_\_\_\_.

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

**SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):**

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**Please ensure you complete the required items on Pages 1 and 2. You must also include the following items with your request:**

Name of Company Performing Work  
Copy of the Occupational License

Copy of Certificate of Insurance  
Permits - Where Applicable

***Please note, your vendor must ensure they provide a Certificate of Insurance that complies with the Association's requirements in the following sections of the form:***

- 1) In the **Type of Insurance Section** (COMMERCIAL GENERAL LIABILITY), the amount of coverage for **EACH OCCURRENCE MUST** be a minimum amount of **\$1,000,000**.
- 2) **In the Workers Compensation and Employers' Liability section**, each type of coverage **MUST** be a minimum amount of **\$500,000**. If the contractor is exempt from Workers Compensation we must have a copy of the **EXEMPTION** Certificate.
- 3) **The Description of Operations/Locations/Vehicles MUST include the scope of work and the Name and Address of the Homeowner where work is being completed!!**
- 4) **The Certificate Holder's Box MUST contain the following information:**  
**PROVINCE PARK CONDOMINIUM ASSOCIATION**  
**C/O Schoo Association Management, LLC**  
**9403 Cypress Lake Drive – Suite C**  
**Fort Myers, FL 33919**  
**[Plus the name and address of the homeowner where work is being completed.]**

\*\*Any expense incurred due to City/County code changes  
will be the responsibility of applicant\*\*

**SPECIAL INSTRUCTIONS FOR SATELLITE DISHES AND  
SCREEN DOOR INSTALLATION REQUESTS**

**SATELLITE DISHES/ANTENNAS:**

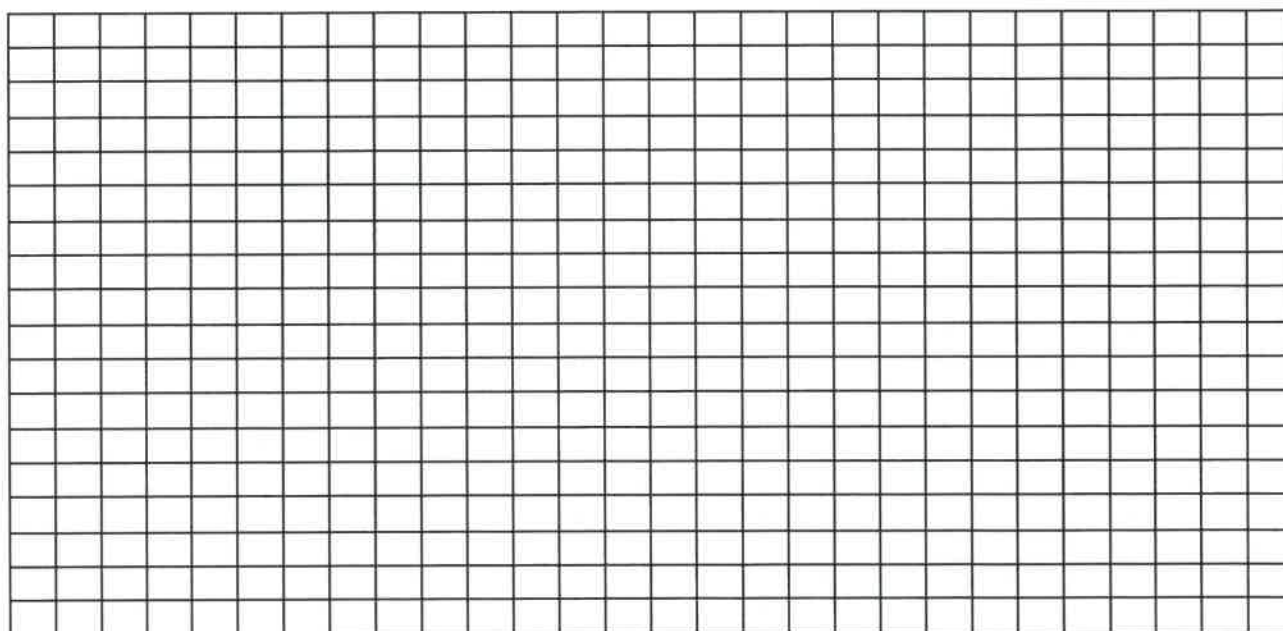
**Deposit For Satellite Dish Installations** - *There is a \$100 deposit required for all satellite dish/antenna installations.* Return of the \$100 deposit is contingent upon removal of the dish/antenna prior to vacating the unit where the dish or antenna was installed. Failure to remove the dish/antenna prior to leaving the unit will result in forfeiture of the deposit by the Province Park Condominium Association. The installation of the personal satellite dish or antenna must not cause damage to or obstruct the Common Elements. The Location of the dish or antenna must be within the borders of the mulched areas, on the side of the building AND towards the back of the building, and cannot be visible from the street. Use the sketching grid on the next page to indicate where the dish will be installed

If the dish or antenna is installed incorrectly, the owner of the dish/antenna will be responsible for relocating it to the proper location. You will also be required to go to the clubhouse, so they can provide you with a label with your building address to affix to the dish **AFTER THE DISH IS INSTALLED**. If you do not get the label to attach to the dish/antenna, \$25 will be deducted from your deposit automatically.

**SCREEN DOORS:**

Screen doors must be white and plain in design (no grids or decorative iron work is allowed). Additionally, you must include a photo of the door and product information with your request.

**Please sketch your improvements and satellite dish installation location as much to scale and location to existing structures on the property.**



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 removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee and the Board of Directors. This request will be acted upon at the next available BOD meeting. Please allow sufficient time to be reviewed by the Architectural Committee and the Board of Directors.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

Please return all 3 pages of this request along with all required information to the address below:

PROVINCE PARK CONDOMINIUM ASSOCIATION  
C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE- STE C  
FORT MYERS, FL 33919  
239-362-3091

**THIS SECTION TO BE COMPLETED BY THE ARC COMMITTEE AND/OR BOARD OF DIRECTORS**

The above request for modification to Unit/Lot \_\_\_\_\_ has been:

ARCHITECTURAL COMMITTEE: \_\_\_\_ NOT approved \_\_\_\_ Approved and Recommended to the Board of Directors

\_\_\_\_\_  
(Signature of Chairman of Architectural Committee)

Comments: \_\_\_\_\_

FINAL APPROVAL WILL BE VOTED ON AT THE BOARD OF DIRECTORS MEETING

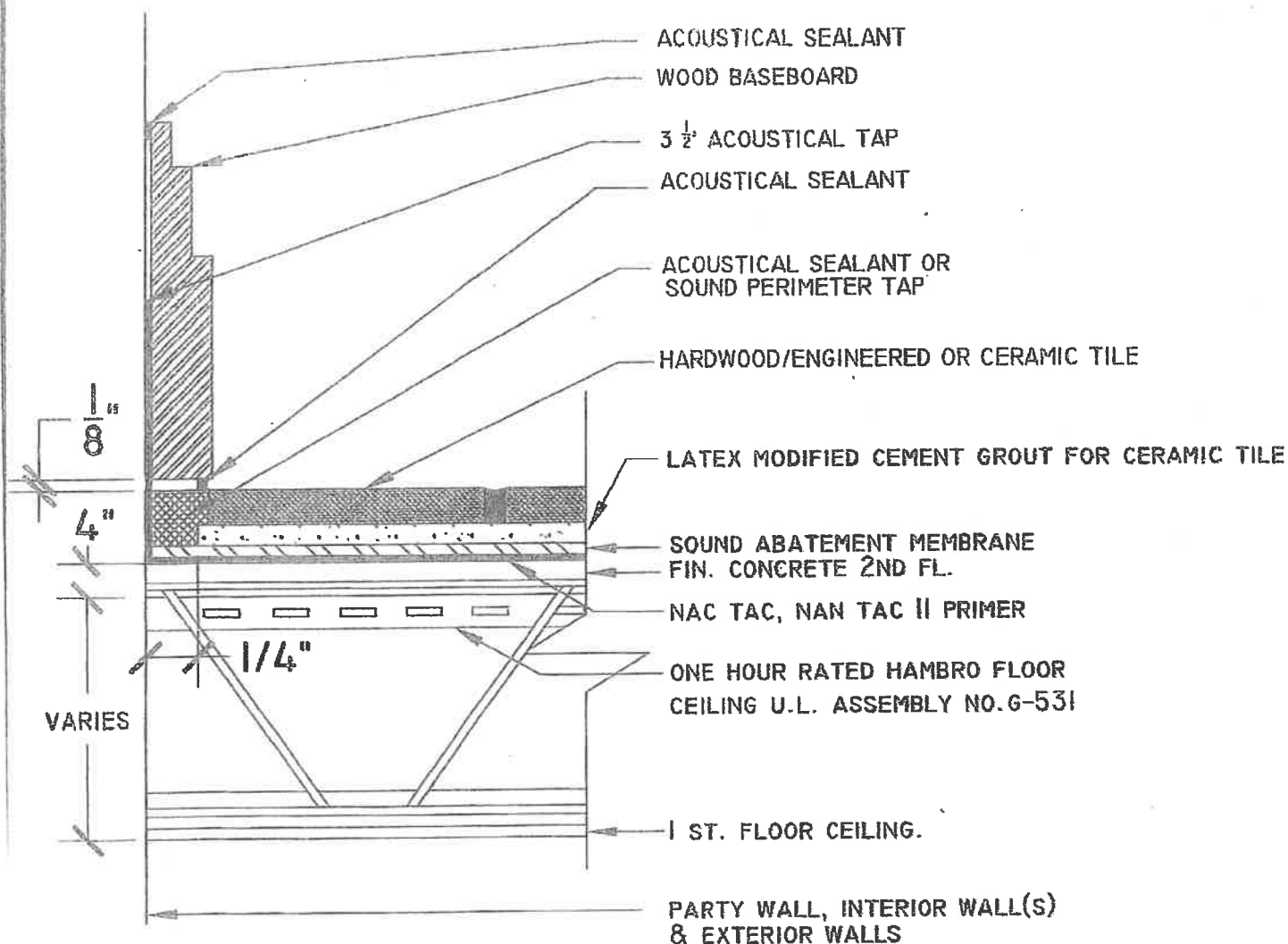
DATE \_\_\_\_\_ PLACE \_\_\_\_\_

TIME \_\_\_\_\_

BOARD OF DIRECTORS PROVINCE PARK CONDOS: \_\_\_\_ NOT approved \_\_\_\_ Approved

\_\_\_\_\_  
(Signature of BOD Representative) \_\_\_\_\_ (Date)

Comments:  
\_\_\_\_\_



## WALL - FLOOR DETAIL NTS

CERAMIC TILE- HARDWOOD/ENGINEERED LAMINATED WOOD  
ONE HOUR RATED HAMBRO CEILING SYSTEM.  
SOUND ABATEMENT MEMBRANE SYSTEM AT ALL  
INTERIOR AND EXTERIOR WALLS

### NOTE:

Sound Abatement Membrane products having a Sound Transmission Class (STC), ASTM E90-70 and Impact Insulation Class (IIC), ASTM E492-90/96 rating not less than 50 or a Delta Impact Insulation Class ( $\Delta$ IIC), ASTM E2179-03 of 20 or greater installed according to manufacturer's specifications. All tests are without a Sound Rated Ceiling Assembly (SRCA).

SCALE: NTS

DRAWING NO.