

ARCHITECTURAL REVIEW COMMITTEE (ARC)

FORM FOR ALL CHANGES AND ALTERATIONS THAT REQUIRE ARC APPROVAL (SEE NOTE 7 ON PAGE 2)

DATE: _____ NAME: _____

ADDRESS: _____ PHONE #'s _____

_____ EMAIL: _____

***REQUEST:** _____

_MEMBER
SIGNATURE. _____

FOR APPLICATION INSTRUCTIONS- SEE PAGE 2

Pamela Sizemore, C/O STAR HOSPITALITY MGT., 26530 MALLARD WAY, PUNTA GORDA,,FL. 33950
Phone number is (941) 575-6764
fax 941-575-7968 or email p.sizemore@starhospitalitymanagement.com

APPLICATION INSTRUCTIONS

- (1) ALL REQUESTS FOR ARCHITECTURAL CHANGE MUST BE MADE ON THIS FORM
- (2) THE WORK REQUESTED MUST MEET THE ARC STANDARDS DEFINED IN THE **TREETOPS ASSOCIATION DECLARATIONS & COVENANTS, ARTICLE ..K_ & " THE AMENDED & RESTATED ARCHITECTURAL REQUIREMENTS. "**
- (3) ALL REQUESTS MUST SPECIFY THE ADDRESS OF THE PROPERTY WHERE THE REQUESTED CHANGES ARE TO BE MADE.
- (4) PLEASE PROVIDE ANY ATTACHMENTS, SUCH **AS SKETCHES PICTURES AND/ OR SAMPLES THAT YOU REQUIRE TO CLEARLY DEFINE THE REQUESTED WORK. THIS WILL EXPEDITE THE PERMITTING PROCESS.**
- (5) ON PAGE 2 OF THIS FORM PLEASE LIST & NAME ALL ATTACHMENTS THAT FORM PART OF THIS SUBMISSION, AND STAPLE THEM TO IT.
- (6) ALL REQUESTS, INCLUDING ALL ATTACHMENTS THERETO, MUST BE SIGNED & DATED BY THE MEMBER REQUESTING THE WORK.
- (7) COMPLETED REQUESTS ARE TO BE SUBMITTED TO:-

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LIST OF ATTACHMENTS: -, (FOR EXAMPLE): _ (1) DESIGN OF SHUTTER (STYLE, MATERIAL, SIZE, METHOD OF ATTACHMENT) (2) SHUTTER COLOR SAMPLE BY- (5) ETC 3) NUMBER OF SHUTTERS & LOCATIONS BE DONE (4) WORK TO BE DONE

NOTE :-APPROVAL OF THE REQUESTED WORK BY THE HOA DOES NOT RELIEVE THE REQUESTING MEMBER OF THE RESPONSIBILITY TO ACQUIRE ALL APPLICABLE PERMITS FROM **CHARLOTTE COUNTY** .