## **GULF WIND EAST-ARC REVIEW FORM**

ocated atAddress
Address
Cell Phone:
Certificate of Insurance
Permits - Where Applicable
Permits - Where Applicable d on survey
Permits - Where Applicable

I/We hereby make application to the Board of Directors for the above-described item to be approved in writing by the Board of Directors.

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 Board. I/We understand that the Board of Directors has up to 30 days to approve this request.

Signature of Applicant

Signature of Applicant

Please return form and all information to the address below:

GULF WINDS EAST
c/o SEACREST PROPERTY MANAGEMENT
1044 Castello Drive, Suite 206
Naples, Florida 34103
Phone: 239-261-3440

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

() DISAPPROVED () APPROVED () APPROVED WITH CHANGES OUTLINED IN LETTER

DATE: \_\_\_\_\_ Board of Director Signature: \_\_\_\_\_