

THE TOWERS
c/o Alliant Property Management, LLC
13831 Vector Ave.
Fort Myers, FL 33907
239-454-1101 *** Fax: 239-454-1147
ARCHITECTURAL REVIEW BOARD REQUEST
(Please type or print all information clearly)

OWNER(S): _____ DATE: _____

SITE ADDRESS: _____

MAILING ADDRESS: (if different from above site address) _____

HOME PHONE # _____ WORK PHONE # _____ CELL# _____

TYPE OF REQUEST: Please describe in detail, include material and colors used as well as size

Please include the following:

Name of company performing work _____ Phone: _____ Fax: _____

Copy of Site Plans

Copy of Occupational License

Certificate of Insurance

Permits – Where Applicable *

* Any expenses incurred due to City/ County codes change will be the responsibility of the applicant.

DRAWINGS ATTACHED: YES _____ NO _____

I/WE HEREBY MAKE APPLICATION TO THE ARCHITECTURAL REVIEW BOARD FOR THE ABOVE DESCRIBED ITEM TO BE APPROVED IN WRITING BY THE "REVIEW BOARD" AND THE BOARD OF DIRECTORS. IF I HAVE NOT RECEIVED THE WRITTEN NOTIFICATION OF RECEIPT WITHIN 30 DAYS OF THE SUBMITTED REQUEST, I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE MANAGEMENT COMPANY TO ENSURE MY APPLICATION HAS BEEN RECEIVED.

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/ CHANGED IF IT IS INSTALLED WITHOUT PRIOR APPROVAL OR IF WORK PERFORMED DOES NOT CORRESPOND WITH THE APPLICATION REQUEST. I/WE UNDERSIGNED UNIT OWNER(S), WILL ASSUME ALL LIABILITY FOR ANY DAMAGE INCURRED AS A RESULT OF THIS MODIFICATION AS WELL AS ANY ADDITIONAL MAINTENANCE COST THAT MAY BE INCURRED.

SIGNATURE OF OWNER

SIGNATURE OF OWNER

PLEASE RETURN FORM AND ALL INFORMATION TO:
THE TOWERS
C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVE.
FT. MYERS, FLORIDA 33907
Fax: 239-454-1147

THE TOWERS BOARD OF DIRECTORS

APPROVED: _____ DISAPPROVE:: _____ APPROVED AS NOTED: _____

AUTHORIZING SIGNATURE _____ DATE _____

Comments: _____

