

Gulf Breeze Management Services, Inc.
8910 Terrene Court, Suite 200
Bonita Springs, FL 34135
Phone: 239-498-3311
www.gulfbreezemanagement.com

Thank you for requesting the attached Architectural Forms.

The **completed** form, including all required documentation should be returned to Gulf Breeze Management for processing via one of the following methods:

Email: arc@gulfbreezemanagement.com

AppFolioPortal App or online –
<https://gulfbreezemanagement.appfolio.com/connect>

Fax: 239-498-4974 or

Mailed to: 8910 Terrene Court, Suite 200
Bonita Springs, FL 34135

Approval letters will be sent via email, be sure to clearly print your email address on the Application.

*****Incomplete forms and those without all supporting documentation (including Certificates of Insurance without the proper additional insured information – see application for details) cannot be processed and will be returned to you to resubmit with ALL the required documentation before processing.**

RENOVATION APPLICATION

PIPER'S POINTE CONDOMINIUM ASSOCIATION, INC.

SUBMIT WITH ANY REQUIRED PRODUCT INFORMATION ATTACHMENTS TO:

c/o Gulf Breeze Management Services of S W Florida, Inc.

Via eMail: arc@gulfbreezemanagement.com

Via Post Office or in person: 8910 Terrene Court, Bonita Springs, FL 34135-9514 Tel:
(239) 498-3311 FAX: (239) 498-4974

Include unit (example: bldg 123, unit 101) and owner name in all communications.

APPLICATION FOR APPROVAL TO RENOVATE CONDOMINIUM

ARCHITECTURAL REVIEW COMMITTEE APPLICATION "A R C"

I/We, _____, the owner(s) of record, having reviewed the Corporation Documents of Piper's Pointe Condominium Association, Inc. hereby request approval of the Architectural Review Committee (ARC) for modification, alteration or addition to Unit # _____ at # _____
Naples, FL 34110

DESCRIPTION

Please check off each item/room affected:

<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Guest Bathroom	<input type="checkbox"/>	Laundry Room
<input type="checkbox"/>	Front Bedroom	<input type="checkbox"/>	Middle Bedroom/Den	<input type="checkbox"/>	Master Bedroom	<input type="checkbox"/>	Master Bathroom
<input type="checkbox"/>	Great Room	<input type="checkbox"/>	Lanai	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	

CONTRACTOR INFORMATION

[If the Owner is doing work, please leave this section blank and mark box below]

NO CONTRACTOR / BY OWNER

COMPANY NAME _____

ADDRESS _____

RENOVATION APPLICATION

PIPER'S POINTE CONDOMINIUM ASSOCIATION, INC.

*Any approval granted herein is subject and conditioned upon obtaining necessary approval, permits required from Collier County, the State of Florida and or any zoning departments, as may be required in accordance with local codes, laws, and ordinances prior to the commencement of work. It is the owner's responsibility to provide said information to the Association to validate the architectural request.

*The owner shall be ultimately responsible for any damages incurred to the common elements, other property, and personal injury because of the modification improvement, violation of the rules and regulations and/or negligence on his behalf and/or his contractor's vendors. The Association has the irrevocable right to subrogate damages, expenses, and the cost of the defense to the owner.

*During any approved modification or improvements, all portions of the property shall be kept clean, neat and in an orderly condition.

* The owner shall insure those arrangements for the disposal of all materials that result from the work project at his/her own expense. Under no circumstance will materials be deposited in the Piper's Pointe refuse or recycle receptacles. All legal expenses resulting from failure to comply with the Condo Docs, the specifications of this application and decision of the ARC and/or the Board of Directors will be borne by the applicant.

*The owner, upon approval of this application, shall notify the Association of the date and time of the commencement of the project so that, if required by the Association, a representative may confirm that the materials approved are following the application as approved.

*Certificate of Insurance from contractor for General Liability, Auto and Workers Compensation along with Contractor's License.

Please submit, along with this application, a sketch, including dimensions of proposed modification, alterations, and additions. The location of the work in the unit. Color samples, *if applicable*. Flooring, and flooring underlayment sample and specifications, *if applicable*, (Mandatory for second floor units). Underlayment installation in second floor units **must have a minimum of Sound Transmission Classification (STC) and Impact Isolation Class (IIC) rating of 65 and will maintain its integrity in accord with the above standards during the useful life of the product and shall not be subject to the effects of moisture, temperature, or impact.**

OWNER'S SIGNATURE: _____

DATE: _____ CONTACT # _____

RENOVATION APPLICATION

PIPER'S POINTE CONDOMINIUM ASSOCIATION, INC.

OFFICE USE ONLY

REC'D at Gulf Breeze: _____ by _____

FORWARDED TO ARC: _____ by _____

To: _____

APPLICATION ACTION BY THE ASSOCIATION

This request has been:

APPROVED

DENIED

APPROVED WITH THE FOLLOWING STIPULATIONS:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Name of insurance company Address	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Name of vendor providing service Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____			#####	##/##/##	##/##/##	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			#####	##/##/##	##/##/##	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			#####	##/##/##	##/##/##	EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			#####	##/##/##	##/##/##	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: Association Name and Gulf Breeze Management Services of SWFL INC
8910 Terrene Court Suite 200
Bonita Springs FL, 34135

CERTIFICATE HOLDER Home owner's name Home owner's address	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE X