

Grand Palm Condominium Association Inc.

C/O Pegasus Property Management  
8840 Terrene Court, Suite 102  
Bonita Springs, FL 34135  
Office: 239-454-8568  
Fax: 239-454-5191

ALTERATION ARC APPLICATION-Page 1 of 3

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DESCRIBE, IN DETAIL, TYPE OF ALTERATION AND MATERIALS TO BE USED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An application requesting approval for any alteration, which occurs outside the exterior walls of the home, MUST BE ACCOMPANIED BY A DIAGRAM, INDICATING LOCATION, SIZE, AND TYPE OF CONSTRUCTION AND OTHER PERTINENT INFORMATION. Include Certificate of General Liability and Workers Compensation Insurance listing the Assn. Name c/o Pegasus Property Mgt. 8840 Terrene Ct. Ste. 102, Bonita Springs, FL 34135.

If approval is granted, it is not to be construed to cover approval of any county code requirements. A building permit from the Lee County Building Department is needed on most property alterations and/or improvements.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure, that the applicant, the heirs, and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such alteration, or addition.

It is understood and agreed that the "Association", et al, are not required to take any action to repair, replace, or maintain any such approval change, alteration, or addition, or any damage resulting there-from for any reason to the existing original structure, or any other property. THE HOMEOWNER ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE AND ITS FUTURE UPKEEP.

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

Owner's Signature: \_\_\_\_\_

Co-Owner's Signature \_\_\_\_\_

**OWNER AGREES TO NOTIFY THEIR SUBCONTRACTORS THAT ONLY WET SAWS ARE PERMITTED TO BE USED WHEN OPERATING THEM OUTSIDE.**

**COMPLETE THIS PAGE WITH YOU NEIGHBORS, IF APPLICABLE**

The signature of your neighbors (on *each* side of your home) is required if you are adding a hedge or fence, whereas, if you are adding a pool, landscaping, patio, screening, etc., and access is required across a portion of one of your neighbor's property, only that neighbor's signature is required.

Print your name

Name of your Community Association

Your Address:

To: The Board of Directors"

This letter confirms permission from our Neighbor(s):

1.

(Print 1<sup>st</sup> neighbor's name)

2.

(Print 2<sup>nd</sup> neighbor's name)

They are aware we are having:

Added to our home.

We will be responsible for the necessary restorations to the property(s) listed above, as required to complete the job, including the cost to move, repair, and/or replace all necessary irrigation lines or irrigation heads.

1<sup>st</sup> Neighbor's address:

1<sup>st</sup> Neighbor's signature:

2<sup>nd</sup> Neighbor's address:

2<sup>nd</sup> Neighbor's signature:

From:

(Your Signature here)

Date

Satellite Dish Installation

In the case of a satellite dish installation, the applicant is to meet with an installer and choose three possible locations and describe same below. The Architectural Committee will review all three locations prior to approval.

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

The owner will be specifically liable for any damage or claim caused by the installation of said dish and will be responsible for returning the building, landscape, electrical, etc. to the Original "as was, prior to the dish installation" condition either upon dish removal or upon sale of said property.

Waiver of Liability

THE UNDERSIGNED hereby agrees that any and all liability caused by or arising from any acts which may increase the hazard of susceptibility to loss on the described premises shall not be held against the "Association" et al, "as their interest may appear," therefrom and indemnify them for all losses, costs, expenses, and attorney's fee in connection with any such addition to their home.

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

Signature of Owner \_\_\_\_\_ Signature of Co-Owner \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

- Pages 1,2,3 must be submitted
- If any alteration is to occur outside the exterior walls of the home, please include a copy of the survey of your home **and** a diagram / blueprint of the alterations. (Printable)

Pegasus Property Management  
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Bonita, Springs, FL 34135

Alteration Application Approved: ___ YES ___ NO      Satellite Uisn Location <i>PI</i> <i>nZ</i> <i>m</i>	
Date: _____	
Board of Director's Signature _____	Print Name _____