Gulf Breeze Management Services, Inc.
8910 Terrene Court, Suite 200
Bonita Springs, FL 34135
Phone: 239-498-3311 Fax: 239-498-4974
www.gulfbreezemanagement.com

Thank you for requesting the enclosed Architectural Form.

The **completed** form should be returned to Gulf Breeze Management for processing:

Fax: 239-498-4974
Email: arc@gulfbreezemanagement.com
Mail: 8910 Terrene Court #200
Bonita Springs, FL 34135

If you want your approval letter emailed to you, be sure to clearly print your email address on the application.

*****Incomplete forms and all supporting documentation (including certificates of insurance without the proper additional insured information- see application for details) will not be processed and will be returned to you to resubmit with ALL the required documentation before processing.**

BURNING TREE NEIGHBORHOOD, INC.
ARCHITECTURAL AND LANDSCAPING MODIFICATION REQUEST

Date: _____

Unit Owner (applicant): _____

Address: _____

Home Phone : _____ Work Phone:_____

Email Address: _____

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

_____

_____

_____

Please include the following:

- Name of Company Performing Work: _____
- Certificate of Insurance from contractor for general liability, auto and workers' compensation that must name the owner, Association, and Gulf Breeze as an additional insured. See attached sample. **MUST BE ISSUED AS SHOWN ON SAMPLE**
- Copy of the Occupational License
- Permits – Where Applicable

**Any expense incurred due to City/County code changes will be the responsibility of applicant.

PLEASE ATTACH DRAWING AND/OR PLANS.

I/We hereby make application to the Architectural Review Committee (ARC) for the above described to be approved in writing by the ARC and the Board of Directors.

I/We understand the 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 Committee.**

_____ _____

Signature of Applicant Signature of Applicant

As a neighbor living within a 360-degree circle adjacent to an applicant's residence, I hereby give notice that I have seen the requested modification. I understand that my approval or disapproval is not required regarding this modification.

_____ _____ _____

Signature Signature Signature

Date: _____

ALL CURRENT AND FUTURE OWNERS RESPONSIBLE FOR MAINTENANCE OF AND/OR ALL DAMAGE CAUSED BY OR AS A RESULT OF THIS MODIFICATION.

BOARD OF DIRECTORS: APPROVAL: _____ *DISAPPROVAL:* _____

Please return to and if questions, please contact: **Gulf Breeze Management Services of SW FL, Inc.**
8910 Terrene Court, Suite 200 Bonita Springs, FL 34135 Telephone: (239) 498-3311 Fax: 239-498-4974
Email: ARC@gulfbreezemanagement.com

GBMS 7/11/2018

ACORD

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	CONTACT NAME:	
Name of insurance company Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Name of vendor providing service
Address

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			################	##/##/##	##/##/##	EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	☐ POLICY ☐ PROJECT ☐ LOC						GENERAL AGGREGATE	$
	☐ OTHER:						PRODUCTS-COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY			################	##/##/##	##/##/##	COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR			################	##/##/##	##/##/##	EACH OCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			################	##/##/##	##/##/##	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

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BURNING TREE LANDSCAPE REQUEST
Please complete this form. EWL will collect requests on Wednesday, the regularly scheduled landscape day.

Name: _____ Date: _____

Address: _____ Phone Number: _____

Point out area of request on the diagram below and site additional info if necessary; _____

_____

Describe request/maintenance needed: _____

_____

_____

_____

