

LANDSCAPING REVIEW COMMITTEE

REQUEST FOR MODIFICATION

Avian Place Homeowners Association

Date: _____

I, _____, hereby request a recommendation by the
Landscaping Review Committee for the modification shown below to the Unit located at
_____ (address)

Home Phone No.: _____ Work Phone No.: _____

SUBJECT BEING REQUESTED *See list of approved plants on page (2)*

(Please describe in detail, including plant names:

PLEASE INCLUDE THE FOLLOWING:

- Name of Company Performing Work
- Permits - Where Applicable
- Copy of the Business License/Occupational License/Certificate of Competency
- Certificate of Insurance--ACORD Form: Certificate Holder should list Avian Place HOA, c/o School Association Management, LLC., 9403 Cypress Lake Dr.-Suite C, Fort Myers, FL 33919. Also add to the **Certificate Holder:** Homeowner's name and address where the work is being completed. **Description of Operations/Location** should include the **scope of work** and the **Name and Address of the Homeowner** where work is being completed. Minimum General Liability Insurance is \$1,000,000 and Workers Compensation is \$500,000. If you are exempt from Workers Compensation we must have a copy of the EXEMPTION Certificate.

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

DRAWING ATTACHED:

If no drawings are attached, please use the area provided on the next page of this form.

I/We hereby make application to the Landscaping Review Committee for the above-described item to be approved in writing by the Landscaping Review Committee and 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 Committee and the Board of Directors. This request will be acted upon at the next available BOD meeting. Please allow sufficient time to be reviewed by the Landscape Committee and the Board of Directors. I/We also understand that any modifications to the landscaping made by us, or anyone else residing in the home, will be the responsibility of the owner to maintain.

PLEASE RETURN ALL PAGES!!

Signature of Applicant

Signature of Applicant

List of approved shrubs:

Low growing

Indian Hawthorne
Parson's Juniper
False Heather
Cast Iron Plant
Mondo Grass
Japanese Holly

Medium Height

Hibiscus
Snow Bush
Plumbago
Pittosporum
Schefflera Dwarf
Dwarf Philodendron
Croton
Jasmine
Orange bird of Paradise

Tall

Ti Plant
Oleander
Texas Sage

*****FRUIT TREES OF ANY KIND ARE NOT PERMITTED**

Please sketch your improvements to scale and in location to existing structures on the property:

A large grid of graph paper, consisting of 20 columns and 20 rows of squares, intended for sketching property improvements to scale and in location.

Please return all three pages and all information to the address below:

Please return completed form to:

AVIAN PLACE HOA
C/O SCHOO ASSOCIATION MANAGEMENT, LLC
9403 CYPRESS LAKE DRIVE—SUITE C
FORT MYERS, FL 33919
Office: 239-362-3091
Fax: 239-362-0894

OR:

Schoo Management Clubhouse Office
3555 Milan Drive
Fort Myers, FL 33916
Office: 239-931-0172
Fax: 239-931-0324

The above request for modification to Unit at Address _____
has been:

ARCHITECTURAL COMMITTEE: ____ NOT approved ____ Approved and Recommended to the Board of Directors

(Signature of Chairman of Landscaping Committee)

Comments: _____

FINAL APPROVAL WILL BE VOTED ON AT THE AVIAN PLACE HOA BOARD OF DIRECTORS MEETING

DATE _____ TIME _____

BOARD OF DIRECTORS AVIAN PLACE: ____ NOT approved ____ Approved

(Signature of BOD Representative) _____ (Date)

Comments: _____

VENDOR INFORMATION: FOR OFFICE USE ONLY

GENERAL LIABILITY INSURANCE (Minimum of \$1,000,000)

WORKERS COMPENSATION (Minimum of \$500,000)

WORKERS COMPENSATION EXEMPTION CERTIFICATE FROM STATE OF FL

