LANDSCAPING REVIEW COMMITTEE

REQUEST FOR MODIFICATION

Avian Place Homeowners Association

Date:	
	, hereby request a recommendation by the
	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 I	plant names:
PLEASE INCLUDE THE FOLL	OWING:
•Copy of the Business License •Certificate of InsuranceAC Schoo Association Management Also add to the Certificate Ho completed. Description of Op Name and Address of the Ho Liability Insurance is \$1,000,000	•Permits - Where Applicable e/Occupational License/Certificate of Competency ORD Form: Certificate Holder should list Avian Place HOA, c/o t, LLC., 9403 Cypress Lake DrSuite C, Fort Myers, FL 33919. Idder: Homeowner's name and address where the work is being perations/Location should include the scope of work and the omeowner where work is being completed. Minimum General 0 and Workers Compensation is \$500,000. If you are exempt from ave a copy of the EXEMPTION Certificate.
Any expense incurred due to City	y/County code changes will be the responsibility of applicant
DRAWING ATTACHED: If no drawings are attached, pleas	se use the area provided on the next page of this form.
	Landscaping Review Committee for the above-described item to be g Review Committee and the Board of Directors.
acknowledge that we could be force that this request is granted AS PRES are not approved and will not be acc will be acted upon at the next available committee and the Board of Direct anyone else residing in the home, will	our request must be granted before I/We can have the job started. I/We also d to have the item removed if it is installed without approval. I/We also acknowledge SENTED to the Board of Directors and must be completed as presented. Any change tepted without the approval of the Committee and the Board of Directors. This requestiable BOD meeting. Please allow sufficient time to be reviewed by the Landscaptors. I/We also understand that any modifications to the landscaping made by us, on the landscaping made by us, or the lan
P	LEASE RETURN ALL PAGES!!

Signature of Applicant

Signature of Applicant

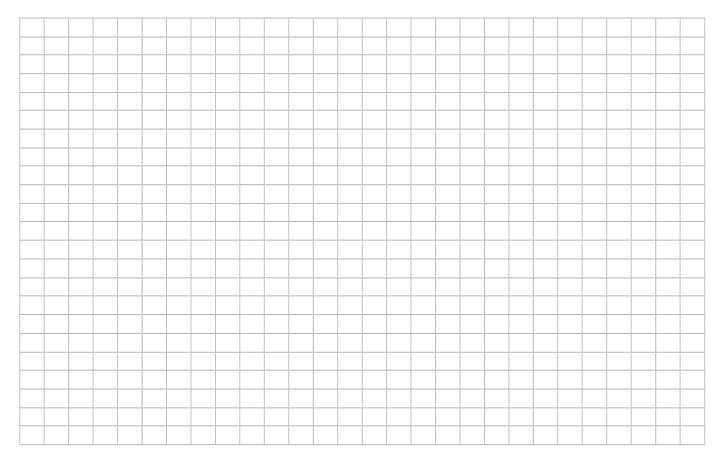
List of approved shrubs:

Low growing	Medium Height	Tall
Indian Hawthorne	Hibiscus	Ti Plant
Parson's Juniper	Snow Bush	Oleander
False Heather	Plumbago	Texas Sage
Cast Iron Plant	Pittosporum	
Mondo Grass	Schefflera Dwarf	
Japanese Holly	Dwarf Philodendron	
	Croton	
	Jasmine	

Orange bird of Paradise

***FRUIT TREES OF ANY KIND ARE NOT PERMITTED

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



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