THREE OAKS I MASTER ASSOCIATION, INC.
ARCHTECTURAL REVIEW REQUEST FORM
PINE RUN

REQUEST FOR MODIFICATION OR ALTERATION OF HOME OR LANDSCAPING:

1. DESCRIBE CHANGE:

_____
_____
_____
_____
_____
_____

2. ATTACH: Specifications and drawings of modifications / alterations, a survey of your property, the license number and certificate of insurance for the contractor, product information, specifications and model number of product being requested, and if you are painting, a sample of the paint color or a paint chip. **The homeowners name and address MUST reflect on the insurance certificate.**

3. RETURN THIS FORM AND CONTRACTOR SPECIFICATIONS TO:

Pine Run HOA
P.O. BOX 23
Estero, FL 33929

Or email to:

PineRunHOABoard@Gmail.com

OWNER'S NAME:_____ DATE: _

ADDRESS:_____

LOCAL PHONE: OTHER:

APPROVED: **DENIED:**

1-SIGNED: **DATE: Homeowners Association Representation***
APPROVED: **DENIED:**

2-SIGNED: **DATE: Three Oaks I Master Association Representative***

*****APPROVAL IS ONLY GRANTED IF SIGNED BY BOTH ASSOCATION REPRESENTATIVES. YOU ARE NOT AUTHORIZED TO COMMENCE ANY WORK WITHOUT THESE SIGNATURES.*****