

TIMBER RIDGE NEIGHBORHOOD ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE (ARC) APPLICATION

Please submit only one request per application.

Name: _____ Date Submitted: _____

Address of property: _____ Fort Myers, FL 33913

Mailing address, if other than property:

Telephone: _____ Alternate: _____ Cellphone: _____

Email Address: _____

General description of proposed alteration (please attach detailed proposal)

Anticipated Start Date: _____ Anticipated Completion Date: _____

Will a contractor be used? Yes___ No___ **If Yes, the following is required before approval:** Contractor's county license (copy) ____, Contractor's Proof of Insurance (Acord) with your name and Timber Ridge Neighborhood Assoc, Inc. listed under certificate holder. The project request will not be considered if these items are not with the application.

Signature of Owner: _____ Date: _____

Mail, fax or Deliver to: Timber Ridge Architectural Review Committee
C/O Sterling Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
239 947-4552 Fax 239 495-1518

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Date: _____ ARC committee approval _____ denial _____

Date: _____ Board of Director approval _____ denial _____

Date: _____

Signature on behalf of the Board