CENTER GATE ESTATES VILLAGE, SECTION III

Architectural Approval Request Form

UNIT ADDRESS	DATE	E:
REQUEST AREA		
I / We request ARC approval for the following:		
Note the following:		
Please attach additional documentation/drawings etc. as re-	equired and contrac	ct
 All information, including this form, must be in hard copy a Please allow up to 30 days for approval and work shall not 	_	is Board approved
 If a Permit for the work is required by Sarasota County, one 	•	• •
If the work site is located in the area of the irrigation system shanges or repairs to the system or landscape replacement.		
changes or repairs to the system or landscape replacement expense	s siidii be iiidde dt t	the owner's
Print owner's name(s):		
Owner Signature:		Date:
Submit Completed Form To: Communique Management, 5824 B	ee Ridge Rd, #413,	Sarasota, FL 34233
Board Action Taken: APPROVED DENIED	Action Taken: APPROVED DENIED TABLED FOR REVISIONS	
Signature of Board:		
Signature	Position	Date