

**ARCHITECTURAL REVIEW APPLICATION**  
**CONDOMINIUM ASSOCIATION, INC.**

This request form is to be completed by the homeowner and submitted to the Board of Directors. The request must be approved by the Board before any work commences. If approved, no further modifications or other alterations may be made without further approval of the Board.

RETURN COMPLETED FORM TO: GPM, Inc.  
1319 Miramar St, Suite 101 • Cape Coral, Florida 33904  
Phone: (239) 542-7712 Email: gpmacct2@gpmcondo.com

PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE(S) \_\_\_\_\_ E-MAIL \_\_\_\_\_

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE BOARD OF DIRECTORS:

Request \_\_\_\_\_

Specifications \_\_\_\_\_

Contractor \_\_\_\_\_

Please attach all specifications for projects. Attach plans and photos as needed to describe modification. Requests and alterations must conform to all local zoning and building regulations. You are required to obtain required permits if your request is approved. Your contractor is required to submit a copy of the current license and insurance. Any alterations made to the property must not extend past the legal property line of the owner. Owner assumes all responsibility for maintenance of the alteration/modification to the unit/lot.

\_\_\_\_\_  
Signature of Owner

**FOR USE BY THE BOARD OF DIRECTORS**

DATE RECEIVED \_\_\_\_\_ DATE TO BOD \_\_\_\_\_ DATE TO HOMEOWNER \_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED

☐ APPROVED WITH THE FOLLOWING CONDITION \_\_\_\_\_

☐ PLANS INCOMPLETE, INFORMATION WE NEED \_\_\_\_\_  
please resubmit plans to the GPM within thirty (30) days of receipt of this notice. Work cannot be performed until the BOD has rendered a written approval. Thank you for your cooperation.

COMMENTS \_\_\_\_\_

By: \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD OF DIRECTORS