

**LANDSCAPING REVIEW COMMITTEE  
REQUEST FOR MODIFICATION**

Avian Place Homeowners Association  
Revised Form 2017

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request a recommendation by the  
**Landscaping Review Committee** for the modification shown below to the Unit located at  
\_\_\_\_\_  
\_\_\_\_\_ (address)

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

**SUBJECT BEING REQUESTED** \*See list of approved shrubs on page (2)\*

(Please describe in detail, including plant names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING:**

- Name of Company Performing Work
- Permits - Where Applicable
- Copy of the Business License/Occupational License/Certificate of Competency
- Certificate of Insurance (ACORD Form: Certificate Holder should list Avian Place HOA, c/o Schoo Management , Inc., 9411 Cypress Lake Dr.-Suite 2, Fort Myers, FL 33919. Also add to the **Certificate Holder:** Homeowner's name and address where the work is being completed. **Description of Operations/Location** should include the **scope of work** and the **Name and Address of the Homeowner** where work is being completed. Minimum General Liability Insurance is \$1,000,000 and Workers Compensation is \$500,000. If you are exempt from Workers Compensation we must have a copy of the EXEMPTION Certificate.

\*\*Any expense incurred due to City/County code changes will be the responsibility of applicant\*\*

**DRAWING ATTACHED:**

**If no drawings are attached, please use the area provided on the next page of this form.**

I/We hereby make application to the Landscaping Review Committee for the above-described item to be approved in writing by the Landscaping Review Committee and the Board of Directors.

I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee and the Board of Directors. This request will be acted upon at the next available BOD meeting. Please allow sufficient time to be reviewed by the Landscape Committee and the Board of Directors.

**PLEASE RETURN ALL PAGES!!**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

**List of approved shrubs:**

**Low growing**

- Indian Hawthorne
- Parson's Juniper
- False Heather
- Cast Iron Plant
- Mondo Grass
- Japanese Holly

**Medium Height**

- Hibiscus
- Snow Bush
- Plumbago
- Pittosporum
- Schefflera Dwarf
- Dwarf Philodendron
- Croton
- Jasmine
- Orange bird of Paradise

**Tall**

- Ti Plant
- Oleander
- Texas Sage

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

A large grid for sketching improvements to scale and in location to existing structures on the property. The grid is composed of 20 columns and 20 rows of small squares, providing a scale for drawing.

Please return all three pages and all information to the address below:

**Please return completed form to:**  
AVIAN PLACE HOA  
C/O SCHOOL MANAGEMENT  
9411 CYPRESS LAKE DRIVE—SUITE 2  
FORT MYERS, FL 33919  
Office: 239-481-4700  
Fax: 239-481-6321

OR:

School 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 Architectural 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

\_\_\_\_\_ BUSINESS LICENSE/OCCUPATIONAL LICENSE/CERTIFICATE OF COMPETENCY