

**BERMUDA PARK
REQUEST FOR ARCHITECTURAL CHANGES**

Name: _____

Address: _____

Phone: _____

Date of Request: _____

*Brief Description of Requested change:

Contractor Name: _____

Address: _____

Phone: _____

Contractor Insurance: _____

Estimated Cost: _____

Estimated Start Date: _____

Lee County Permit _____
YES NO

**Attach sketch or plan

DO NOT WRITE BELOW THIS LINE

ARB: _____
Approved: _____ Denied: _____

ARB Member Signature

Date: _____

Board of Directors: _____
Approved: _____ Denied: _____

Board Member Signature

Date: _____

**Mail or Fax the completed form to:
Pegasus Property Management
8840 Terrene Court, Suite 102
Bonita Springs, FL 34135
P(239) 454-8568 F(239)454-5191**