

**ENGLEWOOD ISLES UNIT 3 HOMEOWNERS' ASSOCIATION  
ARCHITECTURAL CONTROL FORM**

**SUBJECT:** Modification, Alterations and Additions.

**PLEASE REVIEW YOUR DEED RESTRICTIONS BEFORE APPLYING AND SUBMIT YOUR REQUEST IN DUPLICATE. PLEASE INCLUDE SUCH INFORMATION AS DIMENSIONS, MATERIALS, COLOR, DESIGN, LOCATION, SET-BACKS, ETC. IN SUFFICIENT DETAIL TO FACILITATE A TIMELY DECISION.**

Variance Required: Yes \_\_\_\_\_ No \_\_\_\_\_

---

**TO:** ARCHITECTURAL COMMITTEE OF ENGLEWOOD ISLES UNIT 3  
BOARD OF DIRECTORS

**FROM:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Approval is requested to make the modification, alteration or addition described/depicted below or on additional pages, as necessary.

---

**DATE RECEIVED:** \_\_\_\_\_

**ARC COMMITTEE USE:** APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

**NEED MORE INFORMATION** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PRESIDENT/VICE PRESIDENT:**

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_