

PARK PLACE WEST

REQUEST FOR APPROVAL OF HOME MODIFICATION PLANS

OWNER(S) NAME(S)		
ADDRESS		
CONTACT PHONE		
EMAIL ADDRESS		
VENDOR OR CONTRACTOR INFORMATION		
COMPANY NAME		
COMPANY ADDRESS		
CONTACT PHONE		
CONTACT EMAIL		
CONTACT PERSON		
REQUESTING APPROVAL FOR:		
Please check appropri	ate item:	
	odifications to existing ho	ne (must include site plans, floor elevations,
roof plan etc.)		
 Changes to existing landscaping (must include design plans and/or plant list – types, 		
sizes, quantities, common and botanical names)		
 Exterior color changes, including garage doors (must include color samples) 		
 Roof replacement (must include shingle, color sample) 		
 Installment of Storm Shutters, Hurricane-proof windows (must include sample details) 		
ARC RECOMMENDATI	ON: Approved/Rejected	Signature:
		Date:
BOARD DECISION:	Approved/Rejected	Signature:
		Date: