

# Vanderbilt Community Association Architectural Request Alteration Application

Please complete this form along with all required documentation prior to commencement of desired change. Property owner must sign the application. Contractor signatures for owners will not be accepted. Request lacking sufficient information will be returned to the requestor without Association action. Please allow up to 30 days for processing. Owner will be notified in writing by mail (USPS) and E-MAIL once the request has been approved/denied. Approvals valid for 90 days from date of approval after which time the request must be submitted.

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

Owner (Applicant): \_\_\_\_\_

Property address: \_\_\_\_\_ /LOT# \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ / \_\_\_\_\_

## Contractor Information:

Contractor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ / \_\_\_\_\_

Project Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Project End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Description of Modification/Addition Request:** \_\_\_\_\_

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

## Document Checklist for your submission (if applicable):

- A Completed and Signed Application
- Contractor Certificate of Insurance, occupational license and all project permitting documents.
- A Description of project, statement of work and material samples such as - *Drawings, blueprints, photos, paint color swatches, catalog illustrations and manufacture name and website.*

**Please Mail or E-mail your request to: Frankly Coastal Property Management**

4985 Tamiami Trail East, FL 34113

• 239-774-7088 • 239-774-1512 FAX • [ctickel@franklycoastal.com](mailto:ctickel@franklycoastal.com)

## Owners Acknowledgement:

I certify that the above information is an accurate representation of the proposed improvements and that the work will conform to applicable codes, covenants, and standards. I understand and have read the deed restrictions that require the Associations approval, and that construction is not to begin until approval has been received from the Architectural Review Board.

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner/Applicant

\_\_\_\_\_  
Date

### For Office/Committee Use Only:

APPROVED

DENIED



COLLIER FINANCIAL · ASSOCIATION DATA MANAGEMENT  
FRANKLY COASTAL PROPERTY MGMT, LLC

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VCSA ARB Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FC Office: \_\_\_\_\_ Date: \_\_\_\_\_