



Heritage Pointe Master Association

9010 Pointe Club Drive

Fort Myers, FL 33908

239-466-8418

# Architectural Request Certification Form

**Property**

**Mailing Address** Same as Property

\_\_\_\_\_ Lake Circle Drive, Unit \_\_\_\_\_

Fort Myers, FL 33908

Phone # \_\_\_\_\_

e-mail \_\_\_\_\_

## Request for: Lanai or Entrance Hard Floor Surface Covering

ITEM	DETAILS
Manufacturer	
Type	
Item/Part/Model Number	
Surface Material	
Color	
Sound Barrier Material	None
Location <small>(note 1)</small>	

Note 1: Indicate Lanai and/or Entrance

**Sample of material required to be viewed for verification that specifications are met. Work may NOT commence prior to ARC approval.**

### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

*Comments*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## Request for: Lanai Storm Shutters or Sunscreens

ITEM	DETAILS
Manufacturer	
Type/Code	
Model/Approval Number	
Style <small>(note 1)</small>	
Material <small>(note 2)</small>	
Color	
Location <small>(note 3)</small>	
UV Block <small>(excluding metal shutters)</small>	
Operation <small>(note 4)</small>	
Width <small>(note 5)</small>	

Note 1: State single unit or, optional for metal shutter, state split unit in line with lanai screen post

Note 2: State aluminum for metal storm shutters; state TenCate Nicolon or equivalent polypropylene for fabric storm shutters; state mesh material type for sunscreens.

Note 3: For metal shutters, state location near the sliding door or the lanai screens. State front or side for all.

Note 4: State electric or manual

Note 5: State width dimensions. Full coverage of the opening is required. For ground floor units, separate storm shutter or sunscreen may cover the door.

### Work may commence prior to ARC approval only if certification meets all ARC Specifications.

#### Owner/Contractor/Vendor

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\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Architectural Review Committee (ARC)  Approve

Deny

Comments

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## Request for: Lanai Enclosure

ITEM	DETAILS
Manufacturer	
Type	
Item/Part/Model Number	
Frame Material (notes 1 and 2)	
Frame Color	White
Frame Style	Identical to original builder installed
Screen Material (note 3 and note 4)	
Screen Color	Charcoal or Black
Screen Grille Style	None
Location	Same as original builder installed
Entry Door Style (note 4)	Same as original builder installed

Note 1: Aluminum frames must be finished with a standard factory applied powder coat (or better)

Note 2: Aluminum in contact with concrete or other dissimilar materials shall have a non-conductive separation or coating

Note 3: State 18 x 16, 20 x 20 fiberglass mesh or 18 x 14 for vinyl laminated fiberglass screen ONLY

Note 4: 18 x 14 vinyl laminated fiberglass screen is applicable to the lower bottom of the 1<sup>st</sup> floor lanais ONLY, including lanai door.

Note 5: Applicable to ground floor units only

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### Owner/Contractor/Vendor

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\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

Comments

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## Request for: Entrance/Storage Room Door Hardware or Entrance Lighting

ITEM	DETAILS
Specify Item (note 1)	
Manufacturer	
Type	
Item/Part/Model Number	
Material	
Size (note 2)	

Note 1: State Knocker, Kick Plate, Peep Hole, Deadbolt, Doorknob, Numeric Keypad, Latch Shield/Guard or Entrance Lighting

Note 2: Applicable only to Latch Shield/Guard and Entrance Lighting

**Work may commence prior to ARC approval if certification meets all ARC Specifications.**

### Owner/Contractor/Vendor

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\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

Comments

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## Request for: Entrance Enclosure

ITEM	DETAILS
Manufacturer	
Type	
Item/Part/Model Number	
Frame Material (notes 1 and 2)	Aluminum
Frame Color	White
Screen Material	17 x 17, 18 x 16, or 20 x 20 fiberglass mesh
Screen Color	Charcoal or Black
Screen Grille Style (note 3)	
Location	At the end of the entry way wall which defines the interior of the unit setback to a maximum of 2 inches except for retractable screen door (note 4)

Note 1: Aluminum frames must be finished with a standard factory applied powder coat (or better)

Note 2: Aluminum in contact with concrete or other dissimilar materials shall have a non-conductive separation or coating

Note 3: Approved styles are: Mediterranean, Sunburst, Sir Charles, Seaview or None (see Specifications Appendix 1)

Note 4: Retractable screen door must be placed abutting the entry door

**Work may commence prior to ARC approval only if certification meets all ARC Specifications (11/15/12 or later).**

### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

Comments

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## Request for: Door and Window Coverings

ITEM	DETAILS
Manufacturer	
Type	
Item/Part/Model Number	
Specify Item <small>(note 1)</small>	
Style <small>(note 2)</small>	
Color <small>(note 3)</small>	

Note 1: State Draperies & Curtains or Blinds or Interior Shutters or Shades

Note 2: Applicable only to Blinds and Shades

Note 3: Only White or Cream colors showing on the exterior are allowed. Brown and other dark colors are not acceptable.

**Work may commence prior to ARC approval if certification meets all ARC Specifications.**

### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

*Comments*

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Signature

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Print Name

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## Request for: Tinted Film Window Coverings (note 1)

ITEM	DETAILS
Manufacturer	
Type	
Item/Part/Model Number	
Style (notes 2 and 3)	Transparent
Color	Light Gray Tint
Visible Transmittance (note 4)	
Solar Heat Gain Coefficient (note 4)	

Note 1: It is recommended that film is installed by a professional; owner will be required to remove any film that is improperly installed or that deteriorates.

Note 2: Decorative films are NOT permitted

Note 3: Exterior mirror surface is NOT permitted

Note 4: The minimum permitted coefficient is 0.40.

**Work may commence prior to ARC approval if certification meets all ARC Specifications.**

### Owner/Contractor/Vendor

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\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

Comments

\_\_\_\_\_  
Signature

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## Request for: Indoor Hard Surface Flooring Installation

ITEM	DETAILS
Flooring Material	
SBM (note 1) Manufacturer	
SBM Type	
SBM Item/Part/Model Number	
SBM Thickness	
SBM STC (note 2)	
SBM IIC (note 3)	
SBM Adhesive/Primer (note 4)	

Note 1: The requirement for a Sound Barrier Membrane (SBM) applies only to units above the ground floor.

Note 2: The minimum permitted Sound Transmission Class (STC) is 60.

Note 3: The minimum permitted Impact Insulation Class (IIC) 60.

Note 4: SBM Adhesive/Primer used must be as recommended by the SBM manufacturer.

### Work may commence prior to ARC approval if certification meets all ARC Specifications.

#### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

Comments

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Signature

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## Request for: HVAC Condenser Replacement

ITEM	DETAILS
Manufacturer	
Type	
Model Number	
SEER Rating (note 1)	
Color	
Footprint (note 2)	
Unit Height (note 3)	
Location (note 4)	

Note 1: The minimum allowed SEER rating is 13.

Note 2: The maximum permitted footprint for Colonade, Dogwood and all 4th floor units is 32" x 32", and for all other units is 26" x 26".

Note 3: The maximum permitted height is 33",

Note 4: Units must be positioned in accordance with ARC approved HVAC Installation Placement

Requirements diagram for the applicable unit (see Specifications Appendix 2 issue 02/22/13).

Owner must provide this diagram to the installer. Units that are not installed in accordance with the plan, unless otherwise approved, will be required to be moved or removed.

**Work may commence prior to ARC approval if certification meets all ARC Specifications (01/10/13 or later).**

### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**

**Approve**

**Deny**

*Comments*

\_\_\_\_\_  
Signature

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Print Name

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## Request for: Window or Door Replacement

ITEM	DETAILS
Manufacturer	
Type (note 1)	
Series	
Screen Mesh Size (note 2)	
Location	

Note 1: Indicate Single Hung, Double Hung, Horizontal Roller, or Sliding Glass Doors.

Note 2: Indicate mesh size as 17 x 17, 18 x 16, or 20 x 20. All window screens must be half screens, charcoal, and fiberglass mesh.

**Work may commence prior to ARC approval if certification meets all ARC Specifications. Only approved Contractors may install approved windows. Contactors must adhere to all ARC installation specifications (11/15/12 or later).**

### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

*Comments*

\_\_\_\_\_  
Signature

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\_\_\_\_\_

e-mail \_\_\_\_\_

**Request for: Painting** (note 1) \_\_\_\_\_

ITEM	DETAILS
Paint Manufacturer	
Type	
Grade	
Color Number	
Color Name	

Note 1: Specify Item to be painted: Lanai or Entrance Wall & Ceiling, Lanai or Entrance Floor, Entrance or Storage Room Door, HVAC Condenser or Other (with explanation)

**Work may NOT commence prior to ARC approval.**

**Owner/Contractor/Vendor**

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

*Comments*

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## Request for: Lanai Mural

ITEM	DETAILS
Design (note 1)	
Subject	
Colors	
Paint Type	

Note 1: Submit a detailed design sketch in color

**Work may NOT commence prior to ARC preliminary approval.**

### Owner/Contractor/Vendor

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

*Comments*

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e-mail \_\_\_\_\_

**Request for:** \_\_\_\_\_

ITEM	DETAILS
Manufacturer	
Type	
Item/Part/Model Number	

**Provide sufficient detail and samples (as applicable) so that the ARC may determine if the request can be approved. Work may NOT commence prior to ARC approval.**

**Owner/Contractor/Vendor**

I certify that the above information is accurate and that all ARC Specifications are adhered to.

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Print Name and Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

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Owner Signature

\_\_\_\_\_  
Print Name

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Date

**Architectural Review Committee (ARC)**  **Approve**

**Deny**

*Comments*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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Date