

BROOKSHIRE BATH & TENNIS MASTER ASSOCIATION

APPLICATION

FOR

ARCHITECTURAL APPROVAL

DATE: _____

NAME OF DEED
HOLDER: _____

ADDRESS: _____

PHONE NUMBER: _____

APPLICANT'S EMAIL
ADDRESS: _____

ADDRESS WHERE
CHANGE WILL BE
DONE IF DIFFERENT
FROM THE ABOVE: _____

**WRITE A DESCRIPTION OF THE IMPROVEMENT. ATTACH COLOR
SWATCHES AND LABEL ACCORDINGLY. ATTACH A COPY OF LEE COUNTY
PERMITS IF CONSTRUCTION IS PLANNED:**

OWNER'S
SIGNATURE:

STAFF SIGNATURE:

DATE:

_____ NOT APPROVED

_____ APPROVED WITH CHANGES

_____ APPROVED

AUTHORIZED BY:

Rev. 12/2/11