

BURNT STORE ISLES ARCHITECTURAL CHANGE FORM

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____

E-MAIL: _____

PROPERTY ADDRESS (if different than above):

PROPOSED PROJECT (please check below)

NEW CONSTRUCTION ALTERATION/MODIFICATION OTHER (explain)

(Note: New home construction requires a \$150.00 processing fee to accompany the submitted documentation)

DESCRIBE WORK TO BE DONE:

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE: _____ CONTACT NAME: _____

DATE APPLICATION FILED: _____

Please send this completed form, documentation including site plan, construction plans or other supporting documentation (with the processing fee for new construction only) to:

BURNT STORE ISLES ASSOCIATION, INC.
c/o Architectural Committee Chairman
P.O. BOX 510956
Punta Gorda, FL 33950

For BSIA Use Only

Date Received _____ Action(s) Taken _____

Signed By _____

Architectural Review Committee Date Returned _____