

PALM ISLAND PLANTATION I
C/O Elliott Merrill Community Management
835 20TH Place
Vero Beach, FL 32960
(772) 569-9853

Application for Approval of: ☐ Purchase or ☐ Lease

Unit # _____ Date _____

The undersigned, hereinafter referred to collectively as Applicant request the Association's approval of Applicant's (purchase) (lease) of the above mentioned condominium unit and submit the following information in support of the application.

This application must be accompanied by a copy of the contract of (sale) (lease) and by a non-refundable processing fee of \$100 in the form of a check to the order of Palm Island Plantation 1.

Name _____ Spouse Name _____

Current residence, address & phone # _____

Current or previous business firm, address & phone # _____

Years at that residence _____ to _____. Years at that firm _____ to _____.

Names and ages of household/family persons expected to occupy the unit

_____.

Expected duration of stays by minors _____.

Whether applicant or any other occupant identified above has ever been convicted of, or is presently under charge or indictment for, any felony or crime? (yes) (no)
(If yes, be prepared to disclose the circumstances to the Association.)

Any musical instruments expected in unit (type)_____.

Any pets expected in unit (type)_____ (see Pet Application)

Financial references (firm name, contact person, address, phone, and fax)

1) _____

2) _____

Social/Personal references (Name address phone, fax)

1) _____

2) _____

Applicant agrees to authorize the above references to respond fully to any inquiries made by, or on behalf of, the Association. Applicant authorizes the Association to arrange for such investigation of Applicant's background as the Association may deem appropriate. Applicant agrees to meet with, and be interviewed, by Association's representatives before determination of this application if so requested by the Association. Applicant agrees to be bound by whatever determination of this application is made by the Association's Board of Directors, which determination shall be final and conclusive for all purposes. Applicant further agrees to hold harmless the Association, its directors, officers, members and representatives from any claim or action resulting from or related to such investigation and determination and to refrain from bringing any such claim or action.

Applicant understands and agrees that any approval or authorization given by the Association in response to this application will be personal to Applicant and may not be assigned or transferred to anyone else.

Applicant agrees to become familiar with the Condominium Documents pertinent to the subject unit and with the Association's Rules and Regulations, and agrees to comply with the spirit thereof. Applicant (has received) (will obtain) such documents.

Applicant represents that the information set forth in this application and any other information provided by the Applicant in connection therewith is true, correct and complete.

_____	_____
Witness, Broker or Agent	(spouse)
Date: _____	Applicant

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Determination by the Association's Board of Directors

This application (is) (is not) approved.

Date: _____	_____
	For the Board of Directors

PALM ISLAND PLANTATION I

PET APPLICATION

Owners of Palm Island Plantation I units, and renters, but only if their lease is for longer than 3 months, may keep a household pet in their Palm Island Plantation I unit provided authorization of the Association is obtained in advance.

The authorization may be revoked for failure to comply with the requirements of the Pets section of Condominium Documents or the requirements set forth below.

If the pet will be taken outside the unit, it must be kept on a leash at all times and must not be permitted to relieve itself on any part of Palm Island Plantation I land areas. Sanitary disposal of pet excrement being a requisite, the pet's owner or minder is responsible for clean up, not only on Palm Island Plantation I land areas but also on adjacent properties and roads including medians.

Each pet must have a complete and continuing record of all shots and other procedures that are required for licensing. State law prohibits pets inside the pool areas. Compliance is required.

Provide specifics of pet for which authorization is requested:

Type and Breed_____

Weight_____ (max weight 30 lbs) Age_____

Name_____ License#_____ State_____

Has pet been neutered? (Yes) (No)

Is pet in good health? (Yes) (No)

Date_____ Applicant_____

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Authorization (is) (is not) granted.

Date_____

For the Board of Directors