

Pebble Creek Condominium Association, Inc.

7600 Pelican Bay Blvd.

Naples, FL 34108

Tel: (239) 513.9634 • F: (239) 566-9123

APPLICATION FOR APPROVAL SALE OF CONDOMINIUM UNIT

TO: The Board of Directors of Pebble Creek Condominium Association, Inc.

- I hereby apply for approval to **purchase** a unit in the Pebble Creek Condominium and for membership in the Condominium Association. **I understand the Board of Directors meets once a month to review sales applications, decide on approval, and that without Board approval I am not able to close on this unit.**

The following items are included with this application and forwarded to:

7600 Pelican Bay Blvd., Naples, FL 34108

- A complete copy of the signed Purchase/Sales Agreement (Contract) is attached.
 A non-refundable check for **\$150.00**, payable to: **Pebble Creek Condo Assoc.**
 This completely filled out Sales Application form including the closing company/agent information.

COMPLETE ADDRESS OF UNIT: _____ *Pebble Creek Circle* Unit #: _____ *Naples, FL 34108*

CURRENT OWNER NAME: _____

CLOSING COMPANY INFORMATION:

Closing Company: _____ Closing Agent Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone #: _____ Email: _____

Estimated Closing Date: _____ Certificate of Approval to be mailed: _____

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. PRIMARY Applicant Full Name: _____

Date of Birth: _____ Social Security number: _____

Home Address: _____

Telephone Home: () _____ Business: () _____

Telephone Other: () _____ Cell: () _____

Email address: _____

Nature of business or Profession: _____

If retired former business or Profession: _____

Company or Firm name: _____

Business address: _____

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2. Co-Applicant Full Name (if applicable): _____

Date of Birth: _____ Social Security number: _____

Home Address: _____

Telephone Home: () _____ Business: () _____

Telephone Other: () _____ Cell: () _____

Email address: _____

Nature of business or Profession: _____

If retired former business or Profession: _____

Company or Firm name: _____

Business address: _____

3. Two personal references (local if possible)

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone () _____

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone () _____

4. Two credit references:

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone () _____

Account Number: _____

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone () _____

Account Number: _____

5. Person to be notified in case of emergency:

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone () _____

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6. Motor vehicle (s) to be kept at the Condominium:

Model/Make: _____ Year: _____ Color: _____

License Number: _____ State: _____

Model/Make: _____ Year: _____ Color: _____

License Number: _____ State: _____

7. Mailing address for NOTICES connected with this application:

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

8. I am purchasing this unit with the intention to (Please check all that apply):

Reside here full-time _____ Reside here part-time _____ Lease the unit _____

The condominium documents of the Pebble Creek Condominium restrict units to use as single family residences only. Please state the name and relationship to the owner of all other persons other than the applicant who will be occupying the unit on a regular basis.

Name:	Relationship:	DOB:	Name:	Relationship:	DOB:
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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The Name, Breed & Weight of your Pet: _____

Please read and initial each item below:

_____ I (We) will provide the Association with a copy of our recorded deed within ten days after closing.

_____ I agree to read the Amendment to the Bylaws in regards to Electronic Emails, and if agreeable, will sign the **Electronic Consent** form in order to receive all notices through electronic notice.

_____ I am aware of, and agree to abide by the Declaration of Condominium of the Pebble Creek Condominium, the Articles of Incorporation, the Bylaws of the Association, the Rules and Regulations and any and all properly promulgated rules and regulations.

_____ I am aware that I must park my vehicle(s) in the garage at all times, when on property.

_____ I acknowledge receipt of, and that I have read a copy of the **Association Rules and Regulations**.

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I ACKNOWLEDGE UNDERSTANDING THESE SPECIFIC RULES AND REGULATIONS FROM THE

PEBBLE CREEK CONDOMINIUM DOCUMENTS: (Please read and initial each item below)

13.2 LEASE:

_____ A. No unit may be leased more than two (2) times in any calendar year, with the minimum lease being ninety (90) days. No lease may be for a period of more than one (1) year.

12.2.1 CONDO OCCUPANCY IN ABSENCE OF OWNERS:

_____ A. Parent, child, adult, grandchild, or sibling of the unit may use the condo for a period not to exceed (30) days. All visits limited to (4) in one (1) calendar year, with a maximum aggregate total of (60) days.

_____ B. Other houseguests may stay only (1) week and the total number of occasions shall be limited to (2) times in each calendar year.

_____ C. Owner desiring friends or family occupancy must provide **notice** to the Association prior to arrival.

12.4 PETS:

_____ A. The owner of each unit may keep (1) small pet in the unit weighing no more than 25 pounds and measuring no more than 18 inches at shoulder height. Guests and family members may not bring pets onto the property. All pets must be registered with the association. No pets allowed in leased units.

9. **If this sale transaction is approved**, the prospective purchaser will be advised by the Association office within a 30 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved.

I (We) will provide the Association with a copy of our recorded deed within ten days after closing.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Realtor (Agent) Signature

Realtor (Agent) printed name

Realtor (Agent) Email

Realtor (Agent) Telephone number

_____ **For Property Management and Board Use only** _____

APPLICATION APPROVED _____

NOT APPROVED _____

By Officer or Director or Authorized Representative _____ Date: _____