

**PALMETTO DUNES AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.**

**APPLICATION FOR APPROVAL TO PURCHASE**

DATE: \_\_\_\_\_

CURRENT UNIT OWNER: \_\_\_\_\_

ADDRESS & UNIT #: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

[ ] I (We) hereby apply for approval to purchase the above unit and for membership in the Palmetto Dunes Condominium Association. A copy of the proposed sales contract is attached.

In order to facilitate consideration of this application, I (We) represent that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION**

1. Full name(s) of Applicant(s):  
\_\_\_\_\_
2. Full name(s) of Applicant's (Spouse) if not listed above:  
\_\_\_\_\_
3. Palmetto Dunes Home Address:  
\_\_\_\_\_
4. Other (i.e. Northern) Address:  
\_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other (Northern) Phone: \_\_\_\_\_
7. Nature of Business/Profession of all applicants listed above (if retired, former business/profession):  
\_\_\_\_\_  
\_\_\_\_\_

8. Company or Firm Name, Business Address & Position Occupied:

\_\_\_\_\_  
\_\_\_\_\_

9. Business Address:

\_\_\_\_\_  
\_\_\_\_\_

10. The Palmetto Dunes Condominium documents provide an obligation that all units are for single family residence use only. Please state the name(s), relationship, age(s) of any children and occupation of all other persons who will be occupying the unit:

Name	Relationship	Age	Occupation

11. List three personal references (local if possible). Please attach their letters to this application:

Name #1 \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name #2 \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name #3 \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

12. Bank References: \_\_\_\_\_

13. Person to be notified in case of emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

14. Prior Home Address:

City/State \_\_\_\_\_ Zip \_\_\_\_\_

How Long \_\_\_\_\_

15. Make of car \_\_\_\_\_ Year \_\_\_\_\_ State /Tag # \_\_\_\_\_

Make of car \_\_\_\_\_ Year \_\_\_\_\_ State /Tag # \_\_\_\_\_

Rental Tag # \_\_\_\_\_

16. I am purchasing this unit with the intention to:

RESIDE HERE FULL-TIME

RESIDE HERE PART TIME

LEASE THE UNIT

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

I am aware of and agree to abide by the Declaration of Condominium, Amendments, the Articles of Incorporation, Bylaws and any and all properly promulgated Rules & Regulations in effect within the terms of my occupancy or (ownership), noting that Palmetto Dunes Condominium is part of Pelican Sound Golf and River Club whose Bylaws and Rules & Regulations must also be abided to. I acknowledge all of these documents are recorded in the public records of Lee County Courthouse.

By signing below I am aware and agree that Smoking is prohibited on or within ten (10) feet of any lanai, patio, balcony or terrace. Smoking is defined as carrying, burning, or otherwise handling or controlling any lighted or smoldering product containing tobacco, including, but not limited to, cigarettes, cigars, or pipes. Each owner is responsible for the compliance with this restriction by the owner and all residents within the owner's unit, and for all tenants, occupants, guests and invitees of such owner.

I understand, agree and authorize that the association or its agents, in the event it approved a lease is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions to the

