



DESIGN REVIEW APPLICATION REQUEST FOR DRONE APPROVAL

Neighborhood Association: _____

Site Address: _____

Parcel #: _____ Pelican Bay Unit #: _____ Block: _____ Site #: _____

Owner Name: _____ Member #: _____

Mailing Address: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Architect: _____ Builder: _____

Landscape Design Architect: _____ Work to be done by: Self Contractor

Proposed Start Date: _____ Proposed Completion Date: _____

Owner Signature: _____ Date: _____

Drone Vendor

Drone Company Name: _____ Contact Person: _____

Company Address: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Drone Information

Type of Drone: _____ Class: _____ Drone FAA Registration Number: _____

Weight of Drone: _____ Airspeed of Drone: _____ Altitude to be Flown: _____

Flight Location/Path: _____

Flight Purpose: _____

Date and Time of Flight: _____

Alternate Date/Time in the Event of Inclement Weather: _____

Pilot Name: _____ Pilot Qualifications/Certification #: _____

HOA Approval (if applicable):

Foundation Approval:

Association Name: _____

Pelican Bay Foundation, Inc.

Signature: _____

Signature: _____

Title: _____

Title: _____

(Must be Board President)

Date: _____

Date: _____