

Pipers Pointe Condominium Association, Inc

c/o Gulf Breeze Management Services of S W Florida, Inc.
 8910 Terrene Court
 Bonita Springs, FL 34135-9514
 Tel: (239) 498-3311 FAX: (239) 498-4974

ARCHITECTURAL REVIEW COMMITTEE REQUEST FORM

I/We, _____, the owner(s) of record, having reviewed the Corporation Documents of Piper’s Pointe Condominium Association, Inc. hereby request approval of the Architectural Review Committee (ARC) for modifications to Unit # _____ at _____ Naples, FL 34110.

MODIFICATION REQUEST: _____

Please check off each room affected:

	Hallway	Kitchen	Main Bathroom	Laundry Room
	Front Bedroom	Middle Bedroom/Den	Master Bedroom	Ensuite Bathroom
	Great Room	Lanai		

Upon approval of this request for modification, I/we (the owners) by initialing below agree to:

- _____ Assume all liability for any damages incurred as the result of this modification as well as any additional maintenance costs that may be incurred.
- _____ Obtain any and all permits required for this modification from all levels of government agencies.
- _____ Arrange for the disposal of all materials that result from the work project at my/our own expense. No materials will be deposited in the Piper’s Pointe refuse or recycle receptacles.
- _____ Assume all legal expenses resulting from failure to comply with County and State building codes, Piper’s Pointe Condo Docs, the specifications of this application and the decision of the ARC and/or the Board of Directors will be borne by the applicant.

Attached please find the following additional information:

- A sketch, including dimensions of proposed modifications
- The location of the modification in my unit
- Color samples, if applicable
- Flooring underlayment sample and specifications, if applicable
(Mandatory for Second Level Units)
- Certificate of Insurance from contractor for General Liability, Auto and Workers Compensation along with Contractor's License.

ADDITIONAL INFORMATION (*If Any*):

OWNER'S SIGNATURE: _____

DATE: _____ 20____ CONTACT NO: _____

This document is executed as a sealed instrument.

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The request to conduct alterations to Unit _____ at _____
has been:

- APPROVED
- DENIED
- APPROVED WITH THE FOLLOWING CHANGES _____

For the ARC _____ Date: _____

For the Board _____ Date: _____

**Return this Completed Application Form to:
Gulf Breeze Management Services of SW Florida, Inc.**