

**CAPTIVA PROPERTY OWNERS ASSOC., INC.  
ARCHITECTURAL REVIEW BOARD  
REQUEST FOR MODIFICATION  
PLEASE PRINT**

NAME \_\_\_\_\_

CAPTIVA ADDRESS \_\_\_\_\_

PHONE/DAY \_\_\_\_\_ PHONE/EVENING \_\_\_\_\_

MAILING ADDRESS OTHER THAN CAPTIVA \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

DATE \_\_\_\_\_

GENERAL DESCRIPTION OF MODIFICATION/ALTERATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

**Solid Rock Property Management, LLC  
PO Box 880475  
Boca Raton, Florida 33488-0475  
Email: admin@solidrockpm.us  
561-213-1742**

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**FOR ASSOCIATION USE ONLY**

**ARB RECOMMENDATION**

APPROVE \_\_\_\_\_ DENY \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

**BOARD RECOMMENDATION**

APPROVE \_\_\_\_\_ DENY \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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



- L. Please be advised that if the alteration is to be a structural modification or if the construction of it will result in modification to the structural integrity of the building, a certified report must be submitted with the plans from a registered engineer that the design will in no way alter the structural integrity of the building. The cost of this report will be borne by the Owner of the Property.
- M. The Committee reserves the right to charge for the outside consultant services and for the Committee’s review.

**N. LIMITATIONS AND RESPONSIBILITIES**

The primary goal of the Committee is to review the Application (plans and specifications) submitted to it to determine if the proposed modification/alteration conforms in the appearance with the standards and policy set forth by the Declaration in regard to the ARB. The Committee **DOES NOT** review and assumes **NO RESPONSIBILITY** for the following:

- 1. The structural adequacy, capacity or safety features of the proposed modification/alteration
- 2. Whether or not the location of the proposed modification/alteration on the building site is free from possible hazards from flooding, or from any other possible hazard whether caused by conditions occurring on or off the property.
- 3. Soil erosion, uncompactable or unstable soil conditions.
- 4. Mechanical, electrical or any other technical design requirements for a proposed project.
- 5. Compliance with any and all building codes, safety requirements or governmental laws, regulations, codes or ordinances.
- 6. Performance or quality of work of any contractor.

**I understand that the ARB approval for the requested changes to my home and/or property does not at any time waive my responsibility to obtain or in any way substitute for a mandatory building permit from the proper governmental departments, nor does it in any way guarantee the workmanship or quality of the requested work.**

- O. I (we) understand the work will be done in accordance to the plan(s) approved by the Association and if there is a change I (we) will apply with another ARB Application before proceeding.
- P. I (we) understand that the Association has the right to have me (us) remove and/or correct any change made that was not approved or in the plan submitted and I (we) will be responsible for all costs.
- Q. I (we) understand that the ARB may enter my property to inspect and review before, during and after the construction, and to evaluate this request.

**HOMEOWNERS**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_