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

NAME						
CAPTIVA ADDRESS						
HONE/DAY PHONE/EVENING						
	CAPTIVALEPHONE #					
GENERAL DESCRIPTION OF MODIFICATION/ALTERATION:						
PLEASE RETURN Solid Rock Prop PO I Boca Raton, Email: adm	COMPLETED FORM TO: erty Management, LLC Box 880475 Florida 33488-0475 in@solidrockpm.us 1-213-1742					
	ATION USE ONLY					
ARB RECOMMENDATION	BOARD RECOMMENDATION					
APPROVE DENY	APPROVE DENY					
CONDITIONS:	CONDITIONS:					
SIGNATURE:	SIGNATURE:					
DATE:	DATE:					

Page 1 – ARB Application **ARCHITECTURAL REVIEW BOARD INFORMATION FOR FILING REQUEST**

- A. Modification See Covenants, Article IX "Architecture Control" page 7 of 14 from Association Documents
- B. Please submit ONE (1) SET OF PLANS & ONE (1) SET of this Application, and ONE (1) SET OF CONTRACTOR INFORMATION as stated in item K below
- C. Structural modifications and all additions <u>MUST include a survey</u> showing the exact position of the addition, landscaping, etc. Also please indicate location of existing landscaping.
- D. Paint samples must be provided along with this Application.

Contractor's Name

- E. **ALL STRUCTURAL ADDITIONS** <u>MUST include a landscaping plan</u> in order for the Committee to consider the request. All Landscaping plans must include the type, height and quantity of the proposed landscape material.
- F. Any Architectural renderings submitted to the ARB will be returned to the Homeowner.
- G. Any incomplete packages will be returned to the Homeowner(s) with a request to submit all the proper documents. The ARB will not be able to review your request until such time as your packet is complete. The ARB/Board requires a 30 day period for a decision from time a **COMPLETED** packet is received.
- H. The ARB/Board of Directors will notify you in writing of their decision.
- I. Please be sure to sign the statement at the end of this Application on page 3 and initial and date this page and page 2.

J.	Do you know of any	neighbor	or anyone	who might ol	bject to this re	quest or be	
	negatively affected?	Yes_		No _			
	If yes please	explain _					
	• •	• -					

K. THE FOLLOWING INFORMATION MUST BE PROVIDED WITH REGARD TO THE CONTRACTOR WHO WILL PERFORM THE MODIFICATION/ALTERATION:

1. Contractor 8 Na.	
2. Address	
3. Phone number ()

- 4. <u>Attach Proof of Liability Insurance and Workmen's Compensation as Required by the State of Florida</u>.
- 5. Attach Proof of valid Contractor's License, currently active with the State of Florida
- 6. Contractor to obtain all necessary Licenses and Permits before the commencement of work.

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- 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		