

Indian Wells Golf Villas Homeowners Association, Inc.

Alteration & Modification Request

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

(NOTE: This is a two-page form. Both pages must be completed & submitted)

OWNER INFORMATION

Name(s)

Indian Wells Address

Phone #

Cell #

Other Phone #

Email Address

MODIFICATION REQUEST TYPE

Exterior Appearance (i.e. shutters)

Exterior Structure (i.e. walls)

Common Elements (i.e. enclosing lanai, landscaping)

Other

Explanation of Modification

You must submit a drawing for any modification and/or vendor's brochure. The drawing should include a site plan and the scale should be $\frac{1}{2}$ inch + 1 foot. Please list sizes and materials to be used.

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DISCLAIMER AND SIGNATURE

1. The Homeowner is responsible for the actual construction to be performed by a fully insured licensed contractor or by the owner. Work must be in compliance with all applicable codes and regulations. All necessary permits and variances will be obtained at my/our expense.
2. I/we have read all applicable sections of the Bylaws and I/we understand same.
3. All maintenance of this alteration/modification will be performed at my/our expense.
4. I/we understand that, should any legal regulatory agency require, at any time in the future, modifications to work performed, they will be done at my/our expense.
5. Any maintenance costs incurred by the Association, because of this work, will be at my/our expense.
6. This alteration/modification is subject to all requirements of the Declarations.
7. I/we understand that it is my/our responsibility to advise future assigns and of their responsibility for same.
8. All of the above information is truthful and accurate.

Signature _____

Date _____

Signature _____

Date _____

****NO WORK SHALL COMMENCE BEFORE RECEIVING BOARD APPROVAL****

REQUEST REQUIREMENTS

Please be aware that an incomplete request package will cause delays in processing. The following items must be included for Anchor Associates and the Board of Directors to proceed:

_____ Completed Alteration & Modification Request form
_____ Drawing and/or Vendor Brochure
_____ Copy of Materials to be Used and Colors (if applicable)

Return this request to:

Indian Wells Golf Villas Homeowners Association, Inc. c/o Anchor Associates, Inc.
2340 Stanford Court
Naples, FL 34112
(239)649-6357 phone (239)649-7495 Fax
Admin@AnchorManagers.com

Request Approval

ARC Member	Modification Request		Board Member	Decision regarding ARC Decision	
	Approve	Disapprove		Accept	Reject
Mike Billings (co-chair)	<input type="checkbox"/>	<input type="checkbox"/>	Bill Fox	<input type="checkbox"/>	<input type="checkbox"/>
Kathy Fox (co-chair)	<input type="checkbox"/>	<input type="checkbox"/>	Pat Buchenroth	<input type="checkbox"/>	<input type="checkbox"/>
Barb Wietzes	<input type="checkbox"/>	<input type="checkbox"/>	Meagan Billings	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Andy Fox	<input type="checkbox"/>	<input type="checkbox"/>
ARB decision regarding modification	<input type="checkbox"/>	<input type="checkbox"/>	Board decision regarding ARC decision	<input type="checkbox"/>	<input type="checkbox"/>
Decision Date _____	Decision Date _____				

Note: Unless this request is for a modification already approved for the community and listed in the IWOA Standards, the actual approval cannot occur without an open and noticed meeting. The committee has 30 days from the date received by our mgmt company to make a decision or the request will be deemed approved.

Note: The Board has up to 30 days to reject a decision by the ARC. As a courtesy to the requestor, the Board asks the ARC to have a designation ARC member attend a Board meeting where the ARC decision can be made in an open and noticed meeting and the Board can reject quickly or show acceptance allowing the submitter to proceed without further delay.

All email and copies of paper records are kept by Anchor Associates