

**ARCHITECTURAL REVIEW BOARD
CONDO 1 RESIDENT GENERAL PROJECT APPLICATION REQUIREMENTS**

PLEASE ATTACH ONE (1) copy of the following items that are applicable to your project:

- _____ Survey/lot plan showing the location of the project.
- _____ Show location and type of plants or landscaping modifications
- _____ Detailed sketch of plans
- _____ Copy of building permit must be submitted to ARB PRIOR to commencement of project
- _____ Copy of contractor's license - (required by Florida)
- _____ Copy of contractor's liability insurance - (required by Florida)
- _____ Pictures which would aid the ARB in making a determination
- _____ Engineering approval when necessary, e.g. kitchen or bathroom renovation, etc.
- _____ \$25 Application Fee (if applicable. Refer to ARB GUIDELINES found at reflectionlakescondo1.com)

PLEASE NOTE:

Hurricane shutters - must be white or trim color on the condos

Permit and ARB approval form must be displayed at front of unit

UNIT OWNER AFFIDAVIT

I have read and agree to abide by the Declaration of Covenants and Restrictions of the Reflection Lakes Condo 1 Association and the Design Guidelines. I understand and agree to be responsible for the following:

1. For all losses caused to others, including common areas as a result of this undertaking whether caused by me or others.
2. To comply with all state and local building codes.
3. For any encroachment(s).
4. To comply with all conditions of acceptance, if any, and to complete the project according to the approved plans. If modification is not completed as approved, this approval can be revoked and the modification shall be removed at unit owner's expense.
5. Notify ARB upon completion of project.

I also understand that the ARB, nor the Reflection Lakes Condo 1 Association does not review and assumes no responsibility for the structural adequacy, capacity, or safety features of the proposed construction, alteration or addition for mechanical, electrical or any other technical design requirements for the proposed construction, alteration or addition, or for performance, workmanship, or quality of work of any contractor or of the completed alteration or description. The owner is responsible for approval and compliance with all building codes and governmental requirements.

I agree to abide by the decision of the ARB. If the modification is not approved or does not comply, I may be subject to court action by the Association. In such event, I shall be responsible for all reasonable attorneys' fees.

Date of Request

Homeowner's Signature

CONDO 1 Association ARB Applications may be submitted 3 ways:

1. Personally dropped off at the RLN Clubhouse and presented to the Master Association Property Manager with all supporting documents.
2. Email - assistantmanager@reflectionlakesatnaples.com with supporting documents. Please note that if a \$25 application fee is applicable (see ARB GUIDELINES at reflectionlakescondo1.com) that the check must be dropped off at the RLN Clubhouse and presented to the Master Association Property Manager.
3. US Mail addressed to: Reflection Lakes at Naples, Condo 1 Association, 14020 Mirror Dr., Naples FL 34114 with all supporting documents attached.

PLEASE NOTE: If any supporting documents and/or check is not attached, the Master Association Property Manager will not accept the ARB Application. Applications must be received no later than 4:00pm the third Monday of the month for consideration at the ARB meeting which is held the fourth Monday of the month. If it is not received by the time line specified, the application will be reviewed at the next regularly scheduled meeting. No project can commence without prior Condo 1 Association ARB Approval.

_____ Approved by ARB

_____ Approved
subject to conditions

_____ Not Approved
for the following reason(s) below

_____ Pending - INSUFFICIENT INFORMATION. Resubmit requested information below:

Signature of ARB

Date

Signature of Board

Date

**REFLECTION LAKES CONDO 1
ARCHITECTURAL REVIEW BOARD
RESIDENT GENERAL PROJECT COMPLETION NOTICE**

Owner: _____

Address: _____

Project: _____

Approval Date: _____

Completion Date: _____

Please provide a statement that the project was completed as described and approved on the initial application. If any modifications to the approved application were applied, please indicate them and explain. Modifications to the approved application may result in the project not being accepted and require remediation at the owner's expense. This statement is required for the project to be considered complete. Without this statement, the project is subject to further review by the ARB.

Attached is a copy of the Collier County Certificate of Completion (if a permit was required for your project.) Please submit this completed form to an ARB member.

Signature	Date

Inspected by ARB Member	Date