

COTTESMORE AT LELY RESORTY
HOWMEOWNERS ASSOCIATION

APPLICATION ARCHITECTURAL REVIEW BOARD

I, _____, hereby request approval by the Architectural Review

Board on (Date) _____ for modification shown below to the single-family

home located at: _____.

MODIFICATION:

Date for project completion if it is for exterior work: _____

Upon approval of my request for this modification, I/We will assume all liability for any damages incurred because of this modification as well as any additional maintenance costs that may be required by a governmental agency for this modification.

THE FOLLOWING SHOULD BE PROVIDED WITH EACH REQUEST AS IT PERTAINS TO THE MODIFICATION

1. A sketch including the dimensions of the proposed modifications.
2. The location of the modification on the property.
3. A copy of the survey of the property.
4. Photos of the proposed area of modification.
5. Color samples if applicable.

Attach these pieces of information to this form and send it to Resort Management. It can be sent via mail or email.

Resort Management
C/O Philippe Gabart
2685 Horseshoe Drive, Suite #215
Naples, FL 34104
OR
pgabart@resortgroupinc.com

I/We hereby make application to the Architectural Review Board for the above-described item to be approved, in writing, by the Architectural Review Board. I/We understand that the approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that if this request is granted "AS PRESENTED" to the ARB, the work must be completed as presented. Any changes are not approved and will not be accepted without the approval of the committee.

YOU WILL BE NOTIFIED WHEN YOUR REQUEST HAS BEEN REVIEWED

Please notify me by:

1. Phone: Number _____

2. Email: _____

Owner's Signature _____

ARB Meeting Date: _____

The above request for modification to the home located at _____ Cottessmore Drive has been:

() APPROVED () NOT APPROVED () APPROVED WITH THE FOLLOWING MODIFICATIONS:

PLEASE NOTE THAT A FINAL INSPECTION WILL BE DONE TO ENSURE THAT ALL WORK WAS COMPLETED IN ACCORDANCE WITH THE PLANS SUBMITTED.

INCOMPLETE APPLICATIONS WILL BE RETURNED AND THE 30-DAY PERIOD FOR APPROVAL WILL RESTART UPON RECEIPT OF THE RESUBMITTED COMPLETE APPLICATION.

COMMENCEMENT OF APPROVED APPLICATIONS MUST BEGIN WITHIN 12 MONTHS FROM THE DATE OF APPROVAL. FAILURE TO COMMENCE THE PROJECT BY THE ANNIVERSARY DATE WILL REQUIRE THAT THE APPLICATION BE RESUBMITTED FOR APPROVAL.

APPLICATIONS SUBMITTED FOR WORK THAT HAS ALREADY BEEN STARTED OR COMPLETED MAY RESULT IN A FINE OF \$500.00.

