

Carrara at Talis Park Condominium Owners' Association

REQUEST FOR APPROVAL OF ARCHITECTURAL MODIFICATION

INSTRUCTIONS: In order to process this application, the following items must be submitted at least 14 business days prior to the scheduled commencement of any work:

- 1. This completed application.
2. Detailed description and specification of the proposed modification (Example: Type, Location, Materials, Color, Dimensions, Plans, Survey, Pictures and other information pertinent to your request.)
3. Copy of Proposal Agreement made with Contractor, which includes the Description of the Services being provided.
4. Copy of the Contractor's License or Professional Trade Certification.
5. Copy of the Contractor's Certificate of Liability Insurance naming the Association.
6. Copy of County Permits (if applicable)

To: Board of Directors and/or Architectural Review Committee

From: Owner(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We hereby request to make the following modification, alteration or addition as described below (attach additional page if needed):

\_\_\_ Install drain pipe through outside wall in my storage room for dehumidifier.

\_\_\_ Install louver covering in vent area over door on the inside of the storage room.

Contractor Information:

Table with contractor information: Company Name: Conditioned Air Company of Naples, LLC & CANA Holdings, LLC; Address: 3786 Mercantile Avenue, Naples FL 34104; Phone: (239) 643-2445; Email: wss@conditionedair.com; License #: CACA29360; Liability Co. Name & Policy#: FCCI Insurance Company NAC#10178; Contractor Signature: National Trust Insurance Company NAC#20141

By submitting this Application, we agree to the following terms and conditions as described below:

- Do not commence any work or modification until written approval is granted. If work begins prior to being authorized, the Owner will be fined.
All installations, alterations and modifications shall be of professional design, quality and materials.
The Board of Directors/Architectural Review Committee reserves the right to require additional information & request modifications to the plans.
Any approval granted herein is subject and conditioned upon obtaining the necessary approval/permits required from any City and/or County Building or Zoning Departments, as may be required in accordance with the local codes, laws and ordinances, prior to the commencement of work. It is the Owner's responsibility to provide said information to the Association to validate the Architectural request.
The owner shall be ultimately responsible for any damages incurred to common property, other property and personal injury as a result of the modification or improvement, as well as any additional maintenance cost that may be incurred as a result, violation of the rules and regulations and/or negligence on his behalf and/or his contractors and vendors. The Association has the irrevocable right to subrogate damages, expenses and the cost of defense to the Owner.
During construction of any approved modification or improvement, all portions of the property shall be kept clean, neat and in an orderly condition at all times. Any debris, trash or mud resulting from the construction shall be promptly removed or remedied, as appropriate, from the building, unit, and limited and /or common areas on a daily basis.
Abide with the Association's authorized days and approved hours for construction and modification as provided in the Rules and Regulations.
All contractors must be properly licensed and insured for liability. Proof of such, and naming of the Association in said policy, is REQUIRED prior to the commencement of any work or modification.

Signature of Owner(s) \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

For Board of Directors and/or Architectural Review Committee Use Only: Date Application Received: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_ Approval Granted: \_\_\_\_\_ Subject to additional terms or requirements as noted below and/or attached (\_\_\_ Check if Applicable) Approval Denied: \_\_\_\_\_ Explanation: \_\_\_\_\_ Member of the Board of Directors and /or Architectural Review Committee: Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Deliver completed form and supporting documents to: PMI Gulf Coast 1004 Collier Center Way, Suite 105 Naples FL 34110

Email to: management@naplesservicegroup.com