

# AVALON OF NAPLES 1 – A CONDOMINIUM

## Modification Form Checklist

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**This Checklist must be provided with all applicable items checked off.**

**Modification Request Form, and, if needed, a letter detailing the modification or addition you would like to make.**

**Business License of Contractor**

**Insurance of Contractor:**

Avalon of Naples 1, A condominium must be listed as Certificate Holder as an additional insured:

*Avalon of Naples 1, A condominium  
c/o Cardinal Management Group*

- Drawings (site plan, elevation, landscaping, etc.) as applicable.  
(unless a paint request check below)**
  - Paint Request (no site plan required).
  - Color samples with name/number provided.
  - Sound control material sample.
  - Hard flooring material sample.
- Resubmittal of requested changes for approval.**
- Resubmittal of new plan, if required.**

# AVALON OF NAPLES 1, A CONDOMINIUM

## MODIFICATION REQUEST FORM

Date:

To: Stewart Carter

Cardinal Management Group

4670 Cardinal Way Ste 302 Naples, FL 34135

P: (239) 774-0723 ext 203 F: (239) 775-0723

Email: avalon@cmgflorida.com

From: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Modification Requested: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

**SITE PLANS AND COLOR SAMPLES MAY BE REQUIRED. PHOTOS AS NECESSARY**

The Association shall either approve, approve with conditions, or disapprove the Application for Approval at the next regularly scheduled meeting of the Board following the delivery of the complete Application with all accompanying documentation, provided such documents are delivered at least 48 hours prior to such meeting.

No Contractor shall begin work or deliver material unless such Contractor has obtained public liability insurance, including completed operations, in an amount not less than \$600,000.00, workers' compensation insurance in an amount not less than \$500,000.00, and an automobile liability insurance policy, including non-owned automobiles, in an amount not less than \$300,000.00. Notwithstanding any minimum amount required herein, no insurance coverage shall be less than the minimum amount required by law.

All insurance certificates shall contain the following provisions: (i) a clause naming the

Association as an additional insured with the Effective date and the Termination date; and (ii) a clause requiring prior written notification to the Association in the event such policy is to be canceled, terminated, or modified in any manner.

No installation shall be approved unless and until appropriate certificates of insurance are received by the Association from the insurance agent of the Contractor in conformance (Please make sure it names Avalon of Naples 1, A Condominium as additionally insured); a copy of the occupational license and contractor's license or certificate of competency required by Lee or Collier Counties, Florida for the Contractor; and such other documents and information as the Board of Directors may require.

Please include the following:

- \* Drawings of modifications drawn to scale and on survey.
- \* Drawings of landscape plan changes on plot map or survey.
- \*\* Any expense incurred due to City/County code changes will be the responsibility of applicant.

Approved \_\_\_\_\_ Approved with Conditions \_\_\_\_\_ Denied \_\_\_\_\_

If a violation, must be complete by \_\_\_\_\_

ARC Comments or Conditions:

\_\_\_\_\_  
\_\_\_\_\_

ARC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Notified: \_\_\_\_\_ Copies Mailed: \_\_\_\_\_

**Post-Completion Inspection:**

Notes: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*RESUBMITTAL IS REQUIRED IF WORK IS NOT COMPLETED WITHIN 6 MONTHS\*\***