

Avalon of Naples - Condo 3, A CONDOMINIUM

MODIFICATION REQUEST FORM

Date:

To: Tonya Marano

Cardinal Management Group of Florida, Inc.

4670 Cardinal Way, Suite 302

Naples, Fl. 34112

Community Support - Tonya Marano (239) 774-0723

Email Contact: 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 - Condo 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****