

**CLASSIC PLANTATION ESTATES
HOMEOWNERS ASSOCIATION, INC.**

APPLICATION ARCHITECTURAL REVIEW COMMITTEE

I, _____, hereby request approval by the Architectural Review Committee on (Date _____) for the modification shown below to the single-family home located at: (Street Address)

MODIFICATION:

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

THE FOLLOWING MUST BE PROVIDED WITH EACH REQUEST:

- 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 proposed area of modification.
- 5.) Color samples if applicable.
- 6.) A certificate of insurance from the contractor and license, if applicable.

Attach these pieces of information to this form and **provide 4 copies** to:

The Classics Plantation Estates HOA
c/o Dorrill Management Group
5672 Strand Court, Suite 1
Naples, FL 34110

I/We hereby make application to the Architectural Review Committee for the above described item to be approved, in writing, by the Architectural Review Committee. I/We understand that 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 ARC, 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: Email address _____

Owner's Signature(s): _____

ARB Meeting Date: _____

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

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

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

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