

**ENCLAVE AT PALMIRA OWNERS ASSOCIATION
ARCHITECTURAL REVIEW (AR)
REQUEST FOR MODIFICATION**

DATE: _____

I/We, _____, hereby request approval by Architectural Review (AR) for the modification of the item(s) shown below to the unit described below:

Located at address: _____, Unit _____, Bonita Springs, FL 34135.

Contact Phone No. _____ E-Mail Address: _____.

Modifications Requested: (Please briefly describe your project, including materials, color, size, etc.)

Also, please attach the portion of your contractor's proposal describing the work to be done.

Please include the following detail, at a minimum:

- Name of company or person performing work. - Copy of company's occupational license
- Copy of company's Certificate of Insurance - Building permits (where applicable)
- Drawings/engineering specifications of improvements drawn to scale and on survey (if applicable).

**** Any expense incurred due to City/County code changes will be the responsibility of the applicant.**

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 modification removed if it is installed without signed approval of this form. It is understood and agreed that the Association is not required to take any action to repair, replace or maintain any such approved change, alteration or addition. The undersigned shall be solely responsible for any damage, to the original structure or any other property, caused by the approved enhancement. I/We also acknowledge that decisions on this request are AS PRESENTED to AR and must be completed as presented. Any changes to that presented and approved must be submitted to the AR for approval. I/We understand that the AR has up to 30 days to approve any request.

THE UNDERSIGNED hereby agrees that any and all liability caused by or arising from the requested enhancement to the premises shall not be held against the Association as their interest may appear, and the undersigned shall indemnify the Association from all losses, costs, expenses and attorney's fees in connection with any such enhancement to the home. Any necessary future modification to the approved request due to neighborhood policy changes, e.g., colors, are the responsibility of the unit owner.

Signature of Applicant Signature of Co-Applicant Date

Return the original of this form and all supporting information to: Enclave at Palmira Owners Association, Attn.: Pegasus Property Management, Inc., 8840 Terrene Court, Suite 102 Bonita Springs, FL 34135. Phone number is (239) 454-8568. FAX number is (239) 454-5191.

The modification requested above has been:

APPROVED DISAPPROVED APPROVED WITH CHANGES AS DESCRIBED BELOW DATE

Signature Representing Enclave Owners Association Board of Directors (AR)

Approval is subject to the following conditions: