

Club Homes I Homeowners Association, Inc.

c/o Ability Management

6736 Lone Oak Blvd

Naples, FL 34109

Tel: (239) 591-4200 Fax: (239) 596-1919

ARCHITECTURAL REVIEW REQUEST APPLICATION

Owner Name: _____ Unit #: _____

Unit Address: _____

Home Phone: _____ Phone: _____

Email: _____

Your request and any attached plans are reviewed for the limited purpose of determining aesthetic compatibility and compliance of the proposed project with the construction criteria of the Association. They are not reviewed for function, safety, or compliance with any governmental agency. All projects must conform to local zoning and building codes, and the homeowner(s) must obtain all necessary permits if approval is granted - No work shall commence prior to issuance of all necessary approvals and permits.

DESCRIPTION OF IMPROVEMENT: Check all that apply and list color(s) with sample, manufacturer, type, style, make, model, etc. as appropriate. The more information you provide, the easier it is for the Committee to render a decision on your request. Materials used must conform to Association standards and rules and regulations. The Board of Directors will approve only those applications which meet the Associations standards. If you are in doubt regarding material acceptance, to save time please discuss with your Board of Directors in advance of submitting the ARB Applications

____ LANAI – Cage, Screening, or Flooring Replacement (Attach Pictures)

____ FRONT DOOR/WINDOWS (Attach Pictures)

____ REPLACEMENT GARAGE DOOR (MUST BE PAINTED TO MATCH HOME COLOR) (Attach Pictures)

____ HURRICANE SHUTTERS (MUST BE WHITE OR CLEAR) (Attach Pictures)

____ TREE REMOVAL

____ LANDSCAPE ENHANCEMENT (Attach diagram of location on property)

____ DRIVEWAY REPAIR OR PAINTING

____ OTHER PROJECT (please specify in detail)

SPECIFICATIONS/SAMPLES

Enclosed/Attached _____ YES _____ NO

CONTRACTORS NAME: _____ PHONE: _____
(ATTACH COPY OF PROJECT SPECIFICATIONS AND CONTRACTOR CONTRACT, CONTRACTOR'S
LICENSE AND CERTIFICATE OF LIABILITY AND WORKERS COMPENSATION INSURANCE
CERTIFICATES)

The Master's ARB Committee has up to thirty (30) days from receipt of the completed application to reply.

STEP #1. CLUB HOMES 1 Committee Chairperson: _____
Date: _____

CLUB HOMES 1 ASSOCIATION Board of Directors: Approved _____ Denied _____ Returned
for Stated Instructions _____

By: _____ Date: _____

STEP #2: MASTER ASSOCIATION PROPERTY MANAGER REVIEW: Approved _____ Denied _____
Returned for Stated Instructions _____

By: _____ Date: _____

STEP #3: MASTER ASSOCIATION Board of Directors: Approved _____ Denied _____ Returned for
Stated Instructions _____

By: _____ Date: _____