

**WATER CREST OF FALLING WATERS CONDOMINIUM ASSOCIATION, INC.
ARC REVIEW FORM**

Date: _____

I, _____, hereby request approval by the Board of Directors for the modification shown below to Unit _____ located at

Address City Zip

Home Phone No.: _____ Work Phone No.: _____

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

Please include the following:

- Name of Company Performing Work
- Copy of the Occupational License
- Drawings of improvements drawn to scale and on survey
- Letter of acceptance of any damage to property is Company doing work responsibility
- A copy of entire signed contract
- Certificate of Insurance
- Permits - Where Applicable

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

I/We hereby make application to the Board of Directors for the above described item to be approved in writing by the Board of Directors.

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 this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Board. I/We understand that the Board of Directors has up to 30 days to approve this request.

Signature of Applicant

Signature of Applicant

Please return form and all information to the address below:

Water Crest of Falling Waters Condominium Association, Inc.
c/o Guardian Property Management
6704 Lone Oak Blvd
Naples, FL 34109
Phone: 514-7432
Fax: 514-7759

The above request for modification to Unit/Lot# _____ has been:

() DISAPPROVED () APPROVED () APPROVED WITH CHANGES OUTLINED IN LETTER

DATE: _____

Board of Director Signature: _____