

Date Received: _____

Magnolia Falls, Inc.
Architectural Review Committee - Application

To: Magnolia Falls Architectural Review Committee

From: Name(s): _____
(Please Print)

Magnolia Falls Address: _____

Mailing Address: _____

E-Mail Address: _____
(Please Print)

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

It is hereby requested that I (we) be permitted to proceed to install the following for the subject unit identified on this application, according to the Association documents. Please describe, in detail, (including material(s), color(s) and size). Provide sketches or drawings if applicable. If additional space is needed, please use a separate sheet of paper and attach it to the application.

If the proposed modification requires the removal of floor tile, the contractor must provide the association with a minimum 14 days' notice of the removal phase.

An owner who desires to install in place of carpeting any hard-surface floor covering (e.g. marble, slate, ceramic tile, parquet hardwood, etc.) shall also install a sound absorbent underlayment of such kind and quality as to equal or exceed the sound transmission inhibiting properties of 1/4" cork underlayment to substantially reduce the transmission of noise to adjoining units.

A copy of the contractor's occupational license, general liability insurance and Worker's Compensation Insurance must be submitted to the Association in order to process this request.

Contractor Name: _____ Phone: _____

Field Contact Person: _____ Phone: _____

If applicable, how long will water need to be shut off in the building: From _____ to _____.

Note: A sketch of the proposed alteration must be drawn to scale on a sperate piece of paper, not less than 8 ½" x 11", with all pertinent dimensions and this competed form must be returned to the association's address as listed below.

HOMEOWNER IS RESPONSIBLE FOR OBTAINING ANY APPLICABLE LOCAL OR GOVERNMENT PERMITS.

I (we) acknowledge and understand that approval must be obtained prior to commencing the work. I (we) acknowledge that we may have to remove the modification if it is installed without approval. I (we) also acknowledge that this request is granted, AS PRESENTED, to the Committee. I (we) understand and agree that I (we) am/are responsible for the maintenance, repair and replacement of the installation as well as for any expense of removing and reinstalling, if removal becomes necessary for any reason. I(we) further agree that any premises that has been altered in any manner due to such requested change shall be restored to its original condition, including, but not limited to irrigation, grass, trees and shrubs on said property or any adjoining property that has been altered by said change. The applicant shall pay for all expenses for said restoration.

Home/Unit Owner Signature: _____ Date: _____

Home/Unit Co-Owner Signature: _____ Date: _____

**Return ARC Application to:
Sandcastle Community Management
9150 Galleria Court, Suite 201 Naples, FL 34109
CandaceR@SandcastleCM.com**

Please note that if drawings or samples are required, you may need to physically mail or drop off the ARC Application and required materials.

Note: This application is null and void after three (3) months from the approved date if the modification has not been started.

Association Authorization

(Do not write below the above line)

- Approval of the request is granted.
- Approval of the request is granted with the following conditions: _____

- Approval of the request is Denied for the following reason: _____

Authorized Signature: _____ Date: _____