

TWINEAGLES HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR MODIFICATION

*Committee meets twice each month; refer to HOA calendar on the website for dates; requests must be received no later than 2 business days prior to the meeting. **PLEASE SCAN ALL DOCUMENTS TOGETHER AS ONE PDF FILE.***

Date: _____

I/We, _____, hereby request approval by the Architectural Review

Committee (ARC) for the modification shown below located at address: _____

Naples, FL 34120. Contact Phone No.: _____ E-Mail: _____

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

The following must be included. Incomplete requests will delay approval. All documents should be scanned together as one pdf file and emailed to Diane.Jacob@fsresidential.com.

- **Name of Company Performing Work** _____
- **Certificate of Insurance (liability, auto and workers comp coverage - \$1 Million each)**
- Copy of the Occupational License
- Drawings of improvements drawn to scale
- Where Applicable:
 - County Permits
 - Landscape Plan
 - Pool Plan
 - Paint Colors
- Photos may be requested

Any expense incurred due to City/County code changes will be the responsibility of 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 item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Architectural Review Committee and must be completed as presented. Any changes must be approved by the Committee. I/We understand that the Architectural Review Committee has up to 30 days to approve this request. In certain cases, a fee may be required. The ARC Committee must be notified within 5 days of project completion.

Signature of Applicant

Signature of Applicant

Please email form and all information to the parties below:

ATTN: Diane Jacob, Admin
TwinEagles Homeowners Association
11330 TwinEagles Boulevard
Naples, Florida 34120
Phone: (239) 919-3422
Email: Diane.Jacob@fsresidential.com

AND

**Neighborhood Association President
or
Property Manager**

The above request for modification to address _____ has been:

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

DATE: _____

ARC: _____