BARRINGTON COVE NEIGHBORHOOD ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE
APPLICATION AND APPROVAL FORM

Name: _____

Address: _____

Phone: _____ (alternate)_____

Lot:_____

Date Submitted: _____

Approval is hereby requested to make the following modifications, alterations, or addition to my home or lot.

_____

_____

_____

Please attach a detailed description of the improvement/modification (i.e.: color, size, materials to be used), along with a lot survey containing a scaled drawing of the location of the modification/improvement, and copy of professional license and proof of insurance of contractor who will be performing the work if other than the homeowner.

I AGREE:

1.   To abide by the decision of the ARC/Board of Directors.
2.   That if the modification is not completed as approved, said approval can be revoked and the modification removed.
3.   That I am responsible for restoring all property affected by my installation/modification to its prior condition and that I am responsible to pay for and repair any and all damages done to any common area or adjoining property as a result of the installation/modification within a reasonable time following completion.
4.   That I may be required to place a deposit with the Association as determined by the Board, depending on the size and nature of project, to secure against property damaged as a result of the installation/modification. Once the improvement/modification is completed and the property is appropriately restored, the deposit will be returned to me. Should I fail to restore or repair damaged property caused by the improvement/modification within a reasonable time, the Association will have the right to use my deposit to complete the repairs.
5.   To obtain all necessary permits and comply with all State, County, and City codes and ordinances.
6.   That I am responsible for having all public and private utilities located prior to commencing work on any improvement/modification that requires any digging or excavation.

I have read, understand and agree to all of the above.   _____

Please mail,email or fax request to: Owner's Signature
Paramont Property Management
5629 Strand Blvd. #412
Naples, Fl 34110
Phone: 239-734-3200
Fax: 239-631-5242
joanna@paramontproperty.com

Date received by ARC/BOARD: _____

Approved by:_____Date:_____ Denied by:_____Date:_____

Comments:_____

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