

**ARCHITECTURAL REVIEW COMMITTEE  
REQUEST FOR MODIFICATION**

**ARC#** \_\_\_\_\_ **DATE RECEIVED** \_\_\_\_\_ **ARC REVIEWED** \_\_\_\_\_

I, \_\_\_\_\_, hereby request approval by the Architectural Review Committee on  
(Date \_\_\_\_\_) for the modification shown below to Unit/Lot \_\_\_\_\_ located at (Street  
Address) \_\_\_\_\_

MODIFICATION:

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Upon approval of my request for this modification, I/We will assume all liability for any damages incurred as a result of this modification as well as any additional maintenance costs that may be required by any governmental agencies for this modification.

THE FOLLOWING MUST BE PROVIDED WITH EACH REQUEST:

- 1.) A sketch including the dimensions of the proposed modifications.
- 2.) The location of the modification on the property.
- 3.) A copy of the survey of the property.
- 4.) Color samples if applicable.
- 5.) A certificate of insurance from the contractor and license, if applicable.

Attach these pieces of information to this form and return to:

Autumn Woods Community Association, Inc.  
6720 Autumn Woods Blvd.  
Naples, FL 34109  
Phone: (239) 596-9634 Fax (239) 596-9716

**YOU WILL BE NOTIFIED WHEN YOUR REQUEST WILL BE REVIEWED**

Please notify me by:

- 1.) Phone: Number \_\_\_\_\_
- 2.) Email: Email address \_\_\_\_\_

Owner's Signature(s): \_\_\_\_\_

ARC Meeting Date: \_\_\_\_\_ Change/Control#: \_\_\_\_\_ / \_\_\_\_\_

The above request for modification to UNIT/Lot# \_\_\_\_\_ has been:

( ) APPROVED, ( ) NOT APPROVED, ( ) APPROVED WITH THE FOLLOWING  
MODIFICATIONS: \_\_\_\_\_

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