



Maplewood Homeowners Association
Architectural Review Committee
Request for Alterations, Repairs, or Reconstruction

Date: _____

I, (We) _____, Hereby request approval by the Maplewood Architectural Review Committee for the Modification shown below to residence located within Maplewood at:

_____ Crossfield Circle

_____ Stanhope Circle

Home phone number _____ Work/Other _____

E-mail Address: _____

Application Type:

PRE-APPROVAL/CONCEPT: _____ YES _____ NO RE-SUBMITTAL: _____ YES _____ NO

Please check applicable box and detailed description below:

- | | |
|---|---|
| _____ Addition <i>(plan required)</i> | _____ Garage Door Replacement <i>(color/cut sheets required)</i> |
| _____ Satellite 18" Antenna <i>(elevation required)</i> | _____ Doors/Windows Replacement <i>(cut sheets required)</i> |
| _____ Hurricane Shutters <i>(cut sheets required)</i> | _____ Screening – Identical <i>(material sample)</i> |
| _____ Driveway New <i>(cut sheets / plan req.)</i> | _____ Patio/Lanai/Pool** <i>(plan required / drainage plan)</i> |
| _____ Solar Collectors <i>(plan required)</i> | _____ Driveway – identical/reseal <i>(material color sample)</i> |
| _____ Landscape <i>(plan / species required)</i> | _____ Trash / Equipment Screen Fence <i>(site/location plan required)</i> |
| _____ Sod Replacement <i>(notice required)</i> | |
| _____ Roof <i>(sample required)</i> | _____ Garage Screen <i>(17/20 screening, cutsheets, color / screen samples)</i> |
| _____ Exterior Paint <i>(fill out section page 2)</i> | _____ Other _____ |

**** Please NOTE you will need full release from both adjacent property owners before approval. The side yards are so small that you cannot get the smallest of excavators through them without trespassing.**

Additional Information:

(Describe in detail, including materials and colors used as well as size)

Please fill out for painting exterior:



_____ Roof Color (shingle color)	_____ Roof Fascia Color
_____ Roof Soffit Color	_____ Gutter/Downspout Color
_____ Stucco Window/Door Trim Color	_____ Stucco Band Color (match trim)
_____ Front Door Color	_____ Garage Door Color

- * Please attach a photo of the existing front elevation of the home with the garage and front door visible.
- ** Please attach paint chips from paint manufacturer for each individual color and identify Manufacturer and Paint Code
- *** The association reserves the right to request test panels to be painted on the home prior to final approval or that a colored elevation be provided by the painting contractor.



Please include the following information /
Documentation for all improvements:

Anticipated Commencement Date: _____

Anticipated Completion Date: _____

<i>Improvements on the Lot Only</i>	<i>Improvements that impact the Right of Way and Common Areas.</i>
<i>Self-performing? Yes / No</i>	<i>Contractor Name:</i>
<i>Contractor Name:</i>	<i>Occupational License – Copy Required</i>
	<i>Certificate of Insurance (GL and Worker’s Comp) Copy Required</i>
	<i>Permit - Copy Required</i>
<i>*Always use a licensed and insured contractor for your personal protection</i>	<i>*Requires Final Inspection upon completion</i>
<i>The homeowner is responsible for all required building permits</i>	

I (We) hereby certify that I will obtain all required building permits and pay all required fees associated with such permits whether or not they are required by the Maplewood Homeowners Association, Inc. I (We) further acknowledge and indemnify Maplewood Homeowners Association against all damages that may arise out of improvements that occur on my private property and that association has no liability for my failure to obtain permits and approvals beyond the scope of Maplewood Homeowners Association, Inc.

I (We) hereby make application to Maplewood Homeowners Association for the above-described item to be approved by the Maplewood HOA Architectural Review Committee.

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 of if there is a deviation from the approval. I (we) also acknowledge that if this request is granted “**AS PRESENTED**” to the committee, the work must be completed as presented. Any Changes are not approved and will not be accepted without the prior approval of the committee.

_____ Signature of Owner

_____ Date

_____ Signature of Owner

_____ Date

ADG4 Properties

Approvals

<u>ARC Approvals</u> <u>Date / type</u>

<u>Property Manager Approval</u> <u>Sign Date</u>
Date:

<u>Board Approval if Required</u>
Date:

Please Return Form and All information by hand or mail to the below address:

Or e-mail to info@adg4companies.com

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