

ARCHITECTURAL REVIEW COMMITTEE - REQUEST FOR MODIFICATION
Livingston Lakes Condominium Association, Inc.

Owner Name: _____

Address: _____

Phone number: _____

Email address: _____

Modification Request:

Consent of the Board of Directors. No Unit Owner shall make any addition, alteration or improvement in or to the Common Elements, the Association Property, any Unit, or any Limited Common Element without the prior written consent of the Board of Directors.

Notes regarding tile or hardwood flooring (including solid wood or engineered wood and LVT) for second floor units: When installing anything but carpet, the underlayment must meet or exceed *Mapesonic Level 2 Underlayment* to reduce sound.

Notes regarding window treatments and lanai coverings: All curtains, shades, drapes, blinds and shutters (including hurricane shutters/shades) shall be white or off-white or lined with material with these colors.

Refer to ARTICLE 10 in the governing documents for the complete regulations concerning additions, alterations or improvements made by owners.

Contractor work hours are from 8:00 am to 5:00 pm Monday - Friday. Saturday from 8:00 am to 12:00 pm. Work is not permitted on Sundays and holidays.

Upon approval of my request for this modification, I will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I also agree to obtain any permits that may be required by any and all governmental agencies for this modification.

Owner signature: _____

Date of request: _____

Please include the following:

- A sketch of the proposed modifications.
- The location of the modification on my property.
- Color samples, if applicable.
- Certificate of Insurance from Collier County licensed contractor, if applicable.
- Prior to authorization for access, the contractors and all sub-contractors must produce from their insurance carrier a Certificate of Insurance of general liability of no less than \$250,000.00 per occurrence and no less than \$500,000.00 aggregate, and provide proof of Worker's Compensation coverage.
- Use additional sheets if necessary.

The above request for modification has been:

- DISAPPROVED
- APPROVED
- APPROVED WITH THE FOLLOWING CHANGES

Board of Director Signature _____

Date: _____

Board of Director Signature _____

Date: _____

RETURN FORM TO: committee@livingstonlakescondo.com

Copy on the email: livingstonlakes@cmgflorida.com