

The Shores at Berkshire Lakes Master Homeowner's Assoc., Inc. Architectural Control Committee Modification Request

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

(NOTE: This is a two-page form. Both pages must be completed & submitted)

[Complete
Stamp
Here](#)

OWNER INFORMATION – Please Print

Name(s)

Shores Address

Phone #

Cell #

Other Phone #

Email Address

Go to <https://theshoresatnaples.com/documents/> and then **MHOA – ARCHITECTURAL & LANDSCAPE, ACC Guidelines** and review

MODIFICATION REQUEST TYPE

_____ Exterior (i.e. shutters, walls, ...)

_____ Painting (see approved list at Anchor Assoc.)

_____ Landscaping (i.e. tree removal, ...)

_____ Outside Elements (i.e. enclosing lanai)

_____ Roof (i.e. replacing, repair)

_____ Unit Type: **S** Single Family, **V** Villa

Explanation of Modification

You must submit a drawing and/or vendor's brochure for any modification. The drawing should include a site plan and the scale should be 1/2 inch equal to 1 foot. Please list sizes and materials to be used.

CONTRACTOR INFORMATION

Name

Contact Name

Address

City

State

Zip

Phone #

Fax #

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DISCLAIMER AND SIGNATURE

1. Actual construction shall be performed by a fully insured licensed contractor. All work must follow all codes and regulations and all necessary permits will be obtained at my/our expense.
2. I/we have read all applicable sections of the Declaration and I/we understand same.
3. I/we have read all applicable sections of the ACC Guidelines and I/we understand same.
4. All maintenance of this alteration/modification will be performed at my/our expense.
5. I/we understand that, should any legal regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/our expense.
6. Any maintenance cost incurred by the Association, as a result of this variance, will be at my/our expense.
7. This alteration/modification is subject to all requirements of the Bylaws, Declaration, and other applicable regulations.
8. I/we understand that it is my/our responsibility to advise future assigns of their responsibility for same.
9. All of the above information is truthful and accurate.

Owner #1 Signature _____

Date _____

Owner #2 Signature _____

Date _____

****NO WORK SHALL COMMENCE BEFORE RECEIVING BOARD APPROVAL****

REQUEST REQUIREMENTS

Please be aware that an incomplete request package will cause delays in processing. The following items must be included in order for Anchor Associates, ACC, and the Board of Directors to proceed:

_____ If a Villa, then both applications completed & submitted at the same time

_____ Sample of Paint Color Being Used

_____ Copy of Contractor's License

_____ Copy of Contractor's Insurance

_____ Deposit for Homeowner's Work Being Done

_____ Photo of the Property Being Modified

_____ Sample or Brochure of Roof Material and Color

Start Date of Project _____

Projected End Date of Project _____

Return this request to:

The Shores at Berkshire Lakes
Master Homeowner's Association, Inc.
c/o Anchor Associates, Inc.
2340 Stanford Court
Naples, FL 34112
(239) 649-6357 phone (239) 649-7495 Fax
admin@anchormanagers.com



Request Disposition

_____ Approved

Date _____

_____ Disapproved

By _____

Chairperson o Board of Director Member