

**SORRENTO CONDOMINIUM ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR MODIFICATION**

Date: _____

I/We, _____, hereby request approval by the Architectural Review Committee for

the modification for the item(s) shown below to Unit/Lot _____ located at address

_____ Bonita Springs, FL 34135.

Contact Phone No.: _____ E-Mail: _____

SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):

Please include the following:

- Name of Company Performing Work
- Certificate of Insurance
- Copy of the Occupational License
- Permits - Where Applicable
- Drawings of improvements drawn to scale and on survey

****** Any expense incurred due to City/County code changes will be the responsibility of applicant.

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. I/We also acknowledge that this request is granted AS PRESENTED to the Architectural Review Committee and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee. I/We understand that the Architectural Design Review Committee has up to 30 days to approve this request.

Signature of Applicant

Signature of Applicant

- Please e-mail all information to the following e-mail address: BODSorrentocondo@gmail.com;

The above request for modification to Unit/Lot#/address _____ has been:

() DISAPPROVED () APPROVED () APPROVED WITH CHANGES OUTLINED IN LETTER

DATE: _____

ARC: _____