

**ARCHITECTURAL REVIEW COMMITTEE  
REQUEST FOR MODIFICATION**

**QUAIL CROSSING PROPERTY OWNERS ASSOCIATION, INC.**

I, \_\_\_\_\_, hereby request approval by the Architectural Review Committee for the modification shown below to Unit/Lot \_\_\_\_\_ located at \_\_\_\_\_

Modification Request:

---

---

---

---

---

---

---

---

---

---

Upon approval of my request for this modification, I/We 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/We also agree to obtain any permits that may be required by any and all governmental agencies for this modification.

**Attached find the following additional information:**

- **A sketch, including the dimensions, of the proposed modifications.**
- **The location of the modification on my property.**
- **Copy of the survey of my property.**
- **Color samples, if applicable.**
- **Certificate of Insurance from contractor and license, if applicable.**

Use additional sheets if necessary.

Owner(s)

Signature(s): \_\_\_\_\_

Date Signed: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\*\*\*\*\*

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

- ( ) DISAPPROVED
- ( ) APPROVED
- ( ) APPROVED WITH THE FOLLOWING CHANGES

---

---

DATE: \_\_\_\_\_ CHAIRPERSON ARC \_\_\_\_\_

DATE: \_\_\_\_\_ BOARD OF DIRECTORS: \_\_\_\_\_

\*\*\*\*\*

**RETURN FORM TO:**

**PARAMONT PROPERTY MANAGEMENT, LLC**  
**ATTN: Alicia Vivas ( CAM)**  
av@paramontproperty.com  
**5629 Strand Blvd, Suite 412**  
**Naples, FL 34110**  
**239.734.3200 Office 239.631.5242 Fax**