ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR MODIFICATION

QUAIL CROSSING PROPERTY OWNERS ASSOCIATION, INC.

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DATE:BOARD OFDIRECTORS:	
DATE:CHAIRPERSON ARC	
The above request for modification to Unit/Lot# has been:  ( ) DISAPPROVED  ( ) APPROVED  ( ) APPROVED WITH THE FOLLOWING CHANGES	
Owner(s) Signature(s): Date Signed: Phone No.:	****
Upon approval of my request for this modification, I/We will assume all Liability for incurred as a result of this modification as well as any additional maintenance cost incurred. I/We also agree to obtain any permits that may be required by any and a 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.	ts that may be
Modification Request:	
I,, hereby request approval by the Architecommittee for the modification shown below to Unit/Lotlocated at	ctural Review

ATTN: Guillermo Ruiz 5629 Strand Blvd, Suite 412 Naples, FL 34110

239.734.3200 Office 239.631.5242 Fax