

**ARCHITECTURAL REVIEW  
REQUEST FOR MODIFICATION FORM**  
**St. Croix at Pelican Marsh Condominium Association**  
**4600 St. Croix Lane, Naples, FL 34109**  
**Office: (239) 593-3434**  
**Email — [MelissaL@SandcastleCM.com](mailto:MelissaL@SandcastleCM.com)**

Date of Request: \_\_\_\_\_

I (we) \_\_\_\_\_ Name(s) of Owner(s) hereby request approval for the modification(s) shown below to Unit # \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: REQUIRED \_\_\_\_\_

**DESCRIPTION OF ADDITION, CHANGE, OR MODIFICATION**

Submit one (1) copy of this form for each proposed addition, change, modification, etc. accompanied where appropriate by floor plans, and site plans. In addition, submissions must include proposed colors, patterns, materials, name of company performing work as well as their certificate of insurance (including liability and workers' compensation), permit, if applicable, copy of occupational license, State license, and all additional information necessary to make an informed decision.

Note that any expense incurred due to city/county/state or federal code changes will be the responsibility of the Applicant.

**It is always better to provide more information than may be needed rather than risk denial based on insufficient information**

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned acknowledges that they have read and understand this application. I (We) also understand that until a signed approval is received from the management, the job cannot be started. I (We) also acknowledge that we could be forced to have any work or item removed if it is done prior to approval. Furthermore, I (we) also acknowledge that this request, if approved, is granted AS PRESENTED and must be completed as presented incorporating any required changes (if any) by the Association Board. I (We) also understand that the Board has up to 30 days to approve this request. Also, if additional documentation is requested, the time for approval will reset to when the additional documentation is submitted.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's signature

Please return this form and all information to the address at the top of the form.

\_\_\_\_\_  
The above Request for Modification to Unit/Lot # \_\_\_\_\_ has been:

☐ APPROVED

☐ APPROVED WITH CHANGES OUTLINED IN THE ATTACHED LETTER

☐ DISAPPROVED DUE TO REASONS OUTLINED IN THE ATTACHED LETTER

\_\_\_\_\_  
Board of Directors or authorized representative