

Celebration Cape Community Association, Inc.

ARCHITECTURAL REQUEST FOR MODIFICATION

[Rev. APRIL 2025]

Applicant Name(s): _____

Property Address: _____ Phone Number(s): _____

Email Address: _____ Date: _____

As the rightful owner(s) of the property listed herein, I/We hereby submit to and request written approval by the Architectural Review Board ("ARB") for the modification(s) described below:

Please include as much detail as possible, including as applicable:

- Modifications drawn on copy of property survey or another suitable diagram.
- List of materials, dimensions, product names, colors, types of plants/trees, etc.
- A copy of the current License and Certificate of Insurance MUST accompany this modification request when work is performed by a third-party contractor.

Applicant/Owner(s) Responsibilities:

- I/We submit this request in accordance with the Association's Declaration of Covenants, Conditions and Restrictions, Rules/Regulations, and Architectural Guidelines that may be in place at the time of this application.
- I/We understand and accept responsibility for complying with all applicable city, county and state building, zoning and code regulations.
- I/We also acknowledge that this request is submitted as presented to the Architectural Review Board and must be completed as presented. Any changes to the project that are not approved will not be allowed without the prior approval of the ARB.
- I/We are responsible for the repair and restoration of the Lot, adjacent property or common areas impacted by this work.
- I/We understand that 1) the ARB has up to **45 days** to approve this request, 2) **APPROVAL OF THIS REQUEST MUST BE GRANTED BEFORE COMMENCEMENT OF SUCH WORK**, 3) I/we could be forced to have the work stopped or modification removed if it is done so without approval.
- I/We will notify the ARB when the modification project has been completed.

The Association Board of Directors, the Architectural Review Board or their respective members, successors, designees or assigns shall not be liable for damages or otherwise to anyone requesting approval of an architectural alteration by reason of mistake in judgment, negligence or nonfeasance, arising out of any action with respect to any submissions. The architectural review is directed toward review and approval of site planning, appearance, and aesthetics. None of the foregoing assumes any responsibility regarding design or construction, including, without limitation, the structural integrity, mechanical or electrical design, methods of construction, or technical suitability of materials. I/We hereby release and covenant not to sue all the foregoing from/for any claims or damages regarding this request or the approval or denial thereof.

Signature of Applicant

Signature of Applicant

Please submit completed form and all supporting information to:

Compass Rose Management, 1010 NE 9th Street, Cape Coral, FL 33909

Email: CCCAinfo@crmfl.com

Signature of ARB Representative: _____ Date: _____

Printed Name/Title: _____

This ARM is: **APPROVED** [] **DENIED** [] **APPROVED WITH CHANGES AS DOCUMENTED** []