BUCKS RUN RESERVE HOMEOWNERS ASSOCIATION, INC. ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR MODIFICATION

Date:	
I/We,	, hereby request approval by the Architectural Review
Committee for the modification f	or the item(s) shown below to my home located at address
	Naples, FL 34120.
Contact Phone No.:	E-Mail:
SUBJECT BEING REQUESTI	ED (Please describe in detail, include materials and colors used as well as size):
Please include the following:	
_	ng Work • Certificate of Insurance
• Copy of the Occupational Lie	
• Drawings of improvements of	rawn to scale and on survey
** Any expense incurred du	ue to City/County code changes will be the responsibility of applicant.
is granted AS PRESENTED to to not approved and will not be acc	he item removed if it is installed without approval. I/We also acknowledge that this request he Architectural Review Committee and must be completed as presented. Any changes are epted without the approval of the Committee. I/We understand that the Architectural to to 30 days to approve this request.
Signature of Applicant	Signature of Applicant
Please mail or fax form and all in	formation to the address or fax number below:
	ATTN: Ken Bloom MAY Management, Inc 6017 Pine Ridge Rd. #262 Naples, FL 34119 Phone: (239)262-1396
_	on to Unit/Lot#/address has been: PROVED () APPROVED WITH CHANGES OUTLINED IN LETTER
DATE:	ARC: