

Winding Cypress HOA 7180 Winding Cypress Drive Naples, Florida 34114 (239)732-7171 / WCAssistantManager@swpropmgt.com

ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR MODIFICATION

The Winding Cypress Declaration of Covenants and the Architectural Review Guidelines expressly detail what is approved or prohibited in the Winding Cypress Homeowners' Association. If an item, addition, removal or any other action is not expressly approved in either the Declaration of Covenants or the Architectural Review Guidelines, it is prohibited.

Please review and initial the following checklist before completing this form. Consult with the HOA office if you have a question regarding your submission.

CHECK LIST: (KEQUIKED ITEMS)	
Review of ARC Guidelines for Project	
ARC Form	
Security Deposit Check (**Checks will be deposited**)	
Scope of work / Description – Please include back up documentation and any other information will assist in the approval process. Make sure your contractor submits proposed plans. For landscaping projects, include a list of plants.	that
Survey Lot Plan / Schematics - Survey lot plan must be included with a description of the project ocation, installation, and access of entry if applicable.	t
Contractor's Updated License and Certificate of Liability Insurance (see attached example) - License and Insurance must be at least 60-days following the date of modification request. Homeowners egally responsible for obtaining or ensuring that their contractor has obtained all applicable County Permand that the work is done in compliance with all applicable county ordinances/building codes as well as a Winding Cypress HOA - ARC Guidelines.	are nits,
If applicable, a copy of the obtained permit	

A RETURNABLE DEBRIS AND DAMAGE DEPOSIT PAYABLE TO WINDING CYPRESS HOA MUST BE SUBMITTED AT THE TIME OF APPLICATION AS FOLLOWS:

 Deposit of \$500.00 is required for projects that may impact grading, irrigation, common grounds including but not limited to:

-Bahamian shutters

-Hurricane Storm Shutters

-Concrete Work

-Landscaping

-Exterior Painting

-Patios and Driveways

-Garage Air Conditioning Systems

-Pool Heaters

-Generators

-Solar Panels

-Stone Façade

-Water Filtration Systems

- Deposit of **\$1000.00** is required for projects that may impact grading, irrigation, common grounds and where the irrigation system is to be altered including but not limited to:
 - -Pools
 - -Screen Enclosures
- Deposit of \$250.00 is required for other improvements.

Winding Cypress - ARCHITECTURAL CHANGE FORM 7180 Winding Cypress Drive, Naples FL 34114 PH: (239) 732-7171 EMAIL: wcassistantmanager@swpropmgt.com

Address of Home at Winding Cypress
Date of Application
Contractor: Name & Phone Number
ors License and Insurance
N, CHANGE, MODIFICATION, ETC.
roposed additions, changes, modifications, etc., accompanied
ons (all views), and site plans (showing applicable setbacks,
es, etc.). In addition, submissions will include proposed colors,
ation necessary for the Architectural Control Committee and
lved) to make an informed decision. Insufficient information
your project to be delayed or rejected. Please ensure all
r duty to inform ARC when the project is complete and that they fied, ARC reserves the right to inspect the property for date to facilitate return of the Debris and Damage deposit that also understand that until a signed approval is received, NO ayable to Winding Cypress HOA, Inc.
Applicant's Signature
_ [] Approved [] Denied [] Insufficient

ARCHITECTURAL REVIEW COMMITTEE RETURN DEPOSIT REQUEST

** (SUBMIT AFTER COMPLETION OF WORK) **

*If your project requires a Collier County permit to complete, you can check your inspection status here: https://cvportal.colliercountyfl.gov/CityViewWeb/ or call 239-252-2400 or 239-252-2493. Remember, the job is not complete until the inspections are marked, **FINALED**.

WINDING CYPRESS

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Date:	Owner(s) Name:	
Lot:	Address:	
Phone:	Email	l:
		Work Completed: Homeowner*)
		o be taken: ty Association Manager*)
All Check	s will be mailed to your Winding Cypre	il to: ess Address unless stated otherwise by Homeowner if address is different)
	ding Cypress Assist. Manager chorization to Release Deposit)	ARC Committee Member (Appeared in Person to Inspect Work)



PRODUCER AGENCY NAME

123 MAIN ST BURBANK CA 91502

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/15/2022

FAX (A/C, No):

THIS CERTIFICATE IS INSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE PERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PHONE (A/C, No, Ext): E-MAIL ADDRESS: AGENT NAME

	INSURER(S) AFFORDING COVERAGE NAIC #			NAIC#	
INSURANCE COMPANY			ANY NAME		12345
INSURED	INSURER B:				
INSURED NAME 123 MAIN ST	INSURER C:	. 2			
BURBANK CA 91502	INSURER D :				
	INSURER E :				
	INSURER F :				
COVERAGES CERTIFICATE NUMBER:	•		REVISION NUMBER:	1	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POLI	CY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	VHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				O ALL I	HE TERIVIS,
INSR LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
GENERAL LIABILITY	THIN DO THE	(MINDENTITY)	EACH OCCURRENCE	\$	
COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR			MED EXP (Any one person)	\$	
CLAINS-WADE CCCOR			PERSONAL & ADV INJURY	s	
			GENERAL AGGREGATE	\$	
OFFILI ADORFOATE LIMIT APPLIFO PER					
GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG	\$	
POLICY JECT LOC AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT		
			(Ea accident) BODILY INJURY (Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED					
AUTOS AUTOS NON-OWNED			BODILY INJURY (Per accident) PROPERTY DAMAGE		
HIRED AUTOS AUTOS			(Per accident)	\$	
UMARELLALIAS				2.	
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$	
DED RETENTION\$			WC STATU- OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			TORY LIMITS ER		
A ANY PROPRIETOR/PARTNER/EXECUTIVE N/A POLICY NUMBER	01/30/2015	01/30/2016	E.L. EACH ACCIDENT	\$ 1,000	
(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000
DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks	Schedule, if more space i	is required)			

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.