

**NEWCASTLE CONDOMINIUM ASSOCIATION, INC.
MODIFICATION REQUEST FORM**

Date: _____

To: Denise Kosmala

Vesta Property Services

12250 Tamiami Trail East, Suite 2017

Naples, FL 34113

Phone: 239-747-7227

Fax: 239-495-1518

Email: dkosmala@vestapropertyservices.com

The undersigned requests permission to modify the condominium property and submits the following true and correct information in support of the request:

BRIEF DESCRIPTION OF PROPOSED MODIFICATION:

DOES THE MODIFICATION CHANGE THE COLOR OR APPEARANCE OF THE CONDOMINIUM BUILDING? (Note – any new landscape, glass, screen, curtain, blind, shutter, awning or other new improvement that is visible from the exterior is considered a change)?

DOES THE CHANGE INVOLVE ANY STRUCTURAL CHANGES TO THE CONDOMINIUM PROPERTY?

DOES THE CHANGE INVOLVE NEW FLOORING? (Second Story Units only)

NAME AND ADDRESS OF PERSON WHO DESIGNED OR PLANNED THE PROPOSED MODIFICATION:

CONTRACTOR & LICENSE NO.: _____ **ESTIMATED COST:** _____

Respectfully submitted this ____ day of _____, 2019.

Print Owner's Name

Signature of Owner

Print Owner's Name

Signature of Owner

Unit Address and Lot #: _____

Phone Number: _____

SITE PLANS AND COLOR SAMPLES MAY BE REQUIRED. PHOTOS AS NECESSARY.

The Berkshire Lakes Master Association and Newcastle Condominium Association shall each either approve, approve with conditions, or disapprove the Modification Request at the next regularly scheduled meeting of the Board following the delivery of the complete Application Form with all accompanying documentation, provided such documents are delivered at least forty-eight (48) hours prior to such meeting.

No Contractor shall begin work or deliver material unless such Contractor has obtained public liability insurance, including completed operations, in an amount not less than \$600,000.00, workers' compensation insurance in an amount not less than \$500,000.00, and an automobile liability insurance policy, including non-owned automobiles, in an amount not less than \$300,000.00. Notwithstanding any minimum amount required herein, no insurance coverage shall be less than the minimum amount required by law.

All insurance certificates shall contain the following provisions: (i) a clause naming the Master Association and Condominium Association as additional insureds with the Effective date and the Termination date; and (ii) a clause requiring prior written notification to the Master Association and Condominium Association in the event such policy is to be cancelled, terminated, or modified in any manner.

No installation shall be approved unless and until appropriate certificates of insurance are received by the Master Association and Condominium Association from the insurance agent of the Contractor in conformance (Please make sure it names "Berkshire Lakes Master Association, Inc." and "Newcastle Condominium Association, Inc." as additional insureds); a copy of the occupational license and contractor's license or certificate of competency required by Collier County, Florida for the Contractor; and such other documents and information as the Board of Directors may require.

Hard Flooring

Sound Barrier: A sound deafening, or sound insulation material is required that meets a minimum IIC-STC rating of 70 according to the ASTM standards E989-89 and E492-90, or the current versions of these standards, placed between such flooring and the unfinished floor surface of the Unit. The Association may require, at Unit Owner's expense, that the Unit Owner remove any unapproved flooring materials that, in the Board's opinion, do not meet the above standards. The Owner's failure to comply shall authorize the Board to levy a Specific Assessment against the Unit.

Please include the following:

- * Drawings of modifications drawn to scale and on survey.
- * Drawings of landscape plan changes on plot map or survey.
- ** Any expense incurred due to City/County code changes will be the responsibility of applicant.

Approved: _____ **Approved with Conditions:** _____ **Denied:** _____

ARB Comments or Conditions:

ARB Authorized Signature: _____ **Date:** _____

Owner Notified: _____ **Copies Mailed:** _____

Post-Completion Inspection:

Notes: _____

Community Association Manager Signature: _____ Date: _____

****RESUBMITTAL IS REQUIRED IF WORK IS NOT COMPLETED WITHIN 6 MONTHS****