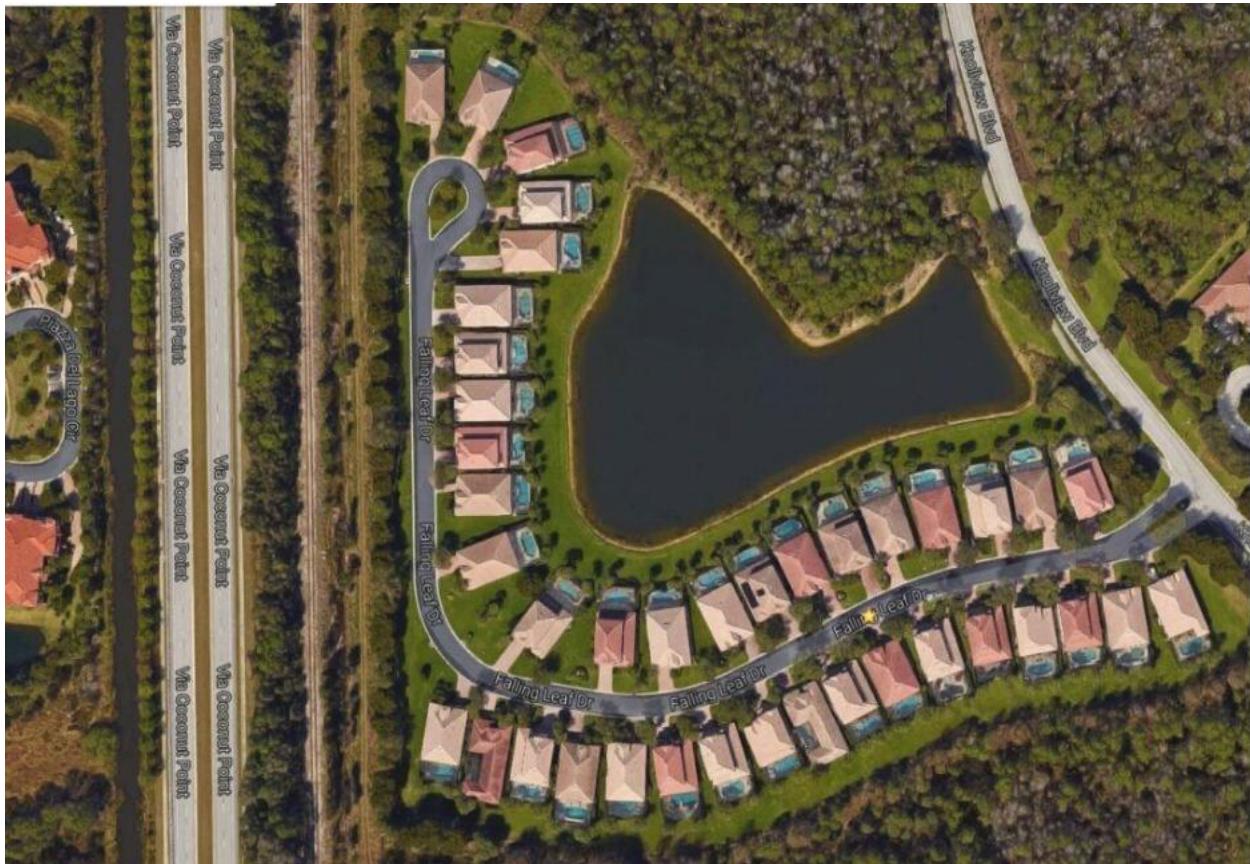


Mahogany Cove at The Brooks Homeowners Association

Architectural Review Committee

ARC Request Packet



Mahogany Cove at The Brooks Architectural Request for Modification Packet

To ensure a timely approval, please review the requirements carefully and verify that all necessary documents are included.

Note on Insurance: Delays are most often caused by incorrectly completed ACORD (Certificate of Liability Insurance) forms. We have enclosed sample forms that you can provide to your contractor as a reference. Please be aware that incomplete or incorrect applications cannot be processed and will be returned for resubmission.

2026 Architectural Review Committee

Sue Kaufman Dean, Chair
Steve Beatty
Larry Siebert

The Architectural Review Committee oversees all modification requests for Mahogany Cove at The Brooks, ensuring community standards and timely approvals.

Questions? No printer?

We are available to assist you with your ARC request. If you have any questions or need help during the application process, please contact Sue at bridgewater222@gmail.com or 614-787-0138.



Thank you for being considerate of your neighbors.

The Mahogany Cove Architectural Review Committee reminds you that interior and exterior improvements are to be completed in the six-month period between May first and November first if the project requires any of the following:

- *more than ten days to complete*
- *presence of trucks*
- *outdoor cutting of materials*

Emergency repairs are permitted.

**MAHOGANY COVE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL REVIEW COMMITTEE**

2026 REQUEST FOR MODIFICATION

I, _____, hereby request approval by the Architectural Review Committee for the modification shown below.

Lot _____ located at: _____

Modification Request: _____

Upon approval of my request for this modification, I/We assume all Liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. We also agree to obtain permits as required by any governmental agencies for this modification.

Attached find the following additional information (Use additional sheets if necessary):

- A sketch, including the dimensions, of the proposed modifications
- The location of the modification on my property
- Copy of the survey of my property
- Color samples, if applicable
- Certificate of Insurance from contractor and license, if applicable

Owner(s) Signature(s): _____

Date Signed: _____ Phone No.: _____

Email: _____

**RETURN COMPLETED FORM AND ALL MATERIALS TO:
Sue Kaufman Dean: bridgewater222@gmail.com**

The above request for modification to _____ has been:

- Approved**
- Approved with the following changes:**
- Disapproved**

DATE _____ CHAIRPERSON LANDSCAPE _____

DATE _____ CHAIRPERSON ARC _____

DATE _____ BOARD OF DIRECTORS _____

S A M P L E

The sample forms illustrate the information required on the contractor's **Certificate of Liability Insurance**. Submit the contractor's Certificate of Liability Insurance form with your ARC Request Form.

Please verify that the boxes outlined in green contain the correct information.

- Mahogany Cove, Shadow Wood Community Association and Newell Property Management must be identified as "Additional Insured."
 - The Certificate Holder box must contain the Homeowner's name and address.

ACORD DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS NO RIGHTS UPON THE CERTIFICATE 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 have ADDITIONAL INSURED provisions or 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).

PRODUCER		CONTACT NAME:						
Name of insurance company		PHONE (A/C, No, Ext):	FAX (A/C, No):					
Address		E-MAIL ADDRESS:						
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC#				
Name of vendor providing service		INSURER A:						
Address		INSURER B:						
INSURER C:		INSURER D:						
INSURER E:		INSURER F:						
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADOL INSRD	RUBR WVO	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY				XXXXXXXXXXXXXXXX	##/##/##	##/##/##	EACH OCCURRENCE	\$
CLAIMS-MADE		<input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ex occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/PROD AGG	\$
								\$
GENL AGGREGATE LIMIT APPLIES PER:								
POLICY		<input type="checkbox"/> PROJECT		<input type="checkbox"/> LOC				
OTHER								
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ex accident)	\$
ANY AUTO							BODY INJURY (Per person)	\$
OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS ONLY			BODY INJURY (Per accident)	\$
HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB		<input type="checkbox"/> OCCUR		<input type="checkbox"/> CLAIMS-MADE				\$
EXCESS LIAB							EACH OCCURRENCE	\$
DED		<input type="checkbox"/> RETENTION \$					AGGREGATE	\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY							X PER STATUTE	OTHR-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Additional Insured:		Mahogany Cove At The Brooks, Shadow Wood Community Association and Newell Property Management are additional insureds as respects General Liability coverage as required by written contract.						
CERTIFICATE HOLDER				CANCELLATION				
Home owner's name				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Home owner's address				AUTHORIZED REPRESENTATIVE				
				<input type="checkbox"/> X				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE 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 have ADDITIONAL INSURED provisions or 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).

PRODUCER	CONTACT NAME:	FAX (AVG. No.:
	PHONE (AVG. No. Ext.:	
INSURED	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERS	CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR. LTR	TYPE OF INSURANCE	ADDS/SLR IND/ WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					COMMERCIAL SINGLE LIMIT (Ex. accident) \$ BODY INJURY (Per person) \$ BODY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR CLAIMS-MADE				PER STATUTE \$ EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANNUAL PROTECTION PARTNER/EXECUTIVE OFFICER/OWNER/EXCLUDED? <input type="checkbox"/> (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: Mahogany Cove At The Brooks,
Shadow Wood Community Association
and Newell Property Management
are additional insureds as respects
General Liability coverage as required by
written contract.

CERTIFICATE HOLDER

CANCELLATION

Homeowner Name _____

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

Falling Leaf Drive

AUTHORIZED REPRESENTATIVE

Bonita Springs, FL 34135

Mahogany Cove ARC Overview

Any change to the exterior of property, including inside the front door alcove and the lanai and screened pool enclosure, requires approval from the Mahogany Cove Homeowners Association Architectural Review Committee (ARC) through the submission of an ARC request form and supporting documentation. Modifications include but are not limited to coach lights, front doors, decorative items, front screen doors, windows, hurricane shutters, paint, roof replacement, pool cage, lanai floor, pool remodel or refinish, generators, solar panels, pavers, and landscape changes.

The ARC requires that major improvements, exterior or interior, be completed in the six-month period between May first and November first.

- Work may not begin before the homeowner receives written approval of the ARC request.
- Once started, all projects must be completed within the approved time.

Outlined below are the steps to obtain ARC approval:

1. OBTAIN AN ARC PACKET WITH FORMS AND INFORMATION

Available on MahoganyCove.com

2. SUBMIT COMPLETED ARC REQUEST

Each completed application should provide a statement of proposed changes including dimensions and a copy of the foundation survey. If such a survey is not available, a plat, site plan, or a reasonable facsimile which shows the location of the proposed alteration or addition, the existing building, and the property lines may be acceptable. A description and/or samples of all finish materials for the exterior surface of proposed improvements are required. Photographs are helpful.

3. ARC REQUEST VERIFICATION OF INSURANCE AND PERMITS

Application will be reviewed. If the application is not complete, it will be returned to the homeowner for additional information.

4. VERIFIED ARC REQUEST SENT TO MAHOGANY COVE ARC COMMITTEE

The ARC has sixty (60) days to review an application. The individual merits of each application are considered. The use of ARC guidelines should assist in timely approval. In some instances, the ARC may make recommendations for modifications to achieve approval. Approved applications and recommendations are sent to the HOA Board for approval.

5. HOMEOWNER NOTIFIED OF ARC STATUS

The decision of the ARC and HOA Board shall be sent in writing to the applicant's address.

6. PROJECTS MAY ALSO REQUIRE SHADOW WOOD COMMUNITY ASSOCIATION (SWCA) APPROVAL AND A DAMAGE DEPOSIT

If Shadow Wood Community Association (SWCA) approval is required, the homeowner must contact SWCA directly to obtain SWCA Guidelines for Modification Requests and Architectural Modification Request Committee (ARC) forms. **For information, call SWCA at 239-948-4900. Information and forms are also available on SWCAOnline.com**

To assist with the efficient review of your proposed improvements or Modifications, you are encouraged to meet with a designated representative of the ARC Committee at the Shadow Wood Community Association office before submitting your application. For Shadow Wood residents who live in a neighborhood that has a homeowner or condominium association, the homeowner/condominium association (HOA) must first approve the plans. In certain limited instances where a neighborhood has an approved standard, the ARC has delegated its approval authority to these homeowners/condominium associations. In such circumstances, you must notify the ARC of such approval, but no further approval by the ARC is required. These "pre-approved" circumstances often deal with color, landscaping and other similar areas where common maintenance or appearance issues for a neighborhood have been arranged. Approvals for changes not on the pre-approved list must still come to the ARC for final approval. Your Association representative can provide you with valuable information about the design review process. The representative may also help you identify what information and documents you may need to submit with your application. Residents without an HOA must submit their applications directly to the ARC.