

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 _____

SAMPLE

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						CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
<p>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.</p> <p>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).</p>									
PRODUCER				CONTACT NAME:					
Name of insurance company				PHONE (A/C, No, Ext):			FAX (A/C, No):		
Address				E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED				INSURER A:					
Name of vendor providing service				INSURER B:					
Address				INSURER C:					
				INSURER D:					
				INSURER E:					
				INSURER F:					
COVERAGES				CERTIFICATE NUMBER:		REVISION NUMBER:			
<p>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.</p>									
INSR LTR	TYPE OF INSURANCE	ADOL INSRD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY			*****	##/##/##	##/##/##	EACH OCCURRENCE	1	
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Per occurrence)	1	
							MED EXP (Any one person)	1	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	1	
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE	1	
	OTHER: <input type="checkbox"/>						PRODUCTS-COMP/OP AGG	1	
	AUTOMOBILE LIABILITY			*****	##/##/##	##/##/##	COMBINED SINGLE LIMIT (Per accident)	1	
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person)	1	
	OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident)	1	
	HIRED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	1	
	UMBRELLA LIAB <input type="checkbox"/>			*****	##/##/##	##/##/##	EACH OCCURRENCE	1	
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE	1	
	REQ. RETENTION \$ <input type="checkbox"/>								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			*****	##/##/##	##/##/##	X PER STATUTE		OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT		
							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				
					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	
	PHONE (A/C, Hs, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADDL INSR	INSO	WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY							
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR							EACH OCCURRENCE \$
								DAMAGE TO RENTED PREMISES (Per occurrence) \$
								MED EXP (Per one person) \$
								PERSONAL & ADV INJURY \$
								GENERAL AGGREGATE \$
								PRODUCTS - COMBOP AGG \$
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY							
	<input type="checkbox"/> ANY AUTO							COMBINED SINGLE LIMIT (Per occurrence) \$
	<input type="checkbox"/> OWNED AUTOS ONLY							BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRE AUTOS ONLY							BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$
								\$
	UMBRELLA LIAB							EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB							AGGREGATE \$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER OF OCCUPANTS (Mandatory in NH)							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
Homeowner Name _____ _____ Falling Leaf Drive Bonita Springs, FL 34135	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____

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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.