

SECTION 7: FORMS – EXHIBIT 6-E



Kensington Park Master Association, Inc. – Architectural Review Board

Approval Request for Building and/or Landscape Modification, Alteration, Addition, and/or Installation

To: Kensington Master Association, c/o Newell Property Management, 5435 Jaeger Road #4, Naples FL 34109. Or, may be dropped off at the Main Gate.

NAME	MAILING ADDRESS		TELEPHONE NUMBER
KENSINGTON PROPERTY ADDRESS	LOT/UNIT #	BLOCK/BUILDING #	SUB-ASSOCIATION

Project: ___Landscape Modification (Section II, III*) ___Shutters (Section IV.1)
 ___Sign Approval (Section III) ___Generators (Section IV.2)
 ___Exterior Painting ___Play Items (Section IV.3)
 ___Building Modification/Alteration (Section IV)

Project Description, including access, storage of supplies, plan for trash removal, removal/replacement of landscape, etc.

Attach pictures, site plans, elevation plans, before and after drawings, blueprints, color swatches, brochures, products, etc. Include clear dimensions, scale, and compass orientation.

BUILDER	LICENSE #	VENDOR
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Approximate Start Date ___ / ___ / ___ Approximate Completion Date ___ / ___ / ___

Approval, if granted, is based on the understanding that the applicant, their heirs, and assigns, are solely responsible for the costs and timely completion of this project within two months of the estimated completion date, and are solely responsible for obtaining all Collier County approvals, and subsequent maintenance. Kensington Park Master Association is not required to complete or maintain any approved action, or repair damage resulting there from to any property. No vendor signs are permitted. County permit signs may be placed to the side of the property.

Applicant Signature _____ Date ___ / ___ / ___ Applicant Signature _____ Date ___ / ___ / ___

*Refers to sections of the ARB Design Manual, June 2005.

Additional information may be provided on the back of this form.

Application Received ___ / ___ / ___
 Approved ___ / ___ / ___ Not Approved ___ / ___ / ___ Returned to Applicant for More Information ___ / ___ / ___
 Architectural Review Board: _____

Second Application Date ___ / ___ / ___
 Approved ___ / ___ / ___ Not Approved ___ / ___ / ___ Returned to Applicant for More Information ___ / ___ / ___
 Architectural Review Board: _____