

**SHAKERWOOD HOMEOWNERS ASSOCIATION, INC.
c/o GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FLORIDA 33463
561-641-8554**

ARB CHECKLIST

When submitting an ARB Application for work being done on the exterior of your home the following items should be included with the application but not limited to:

1. ARB Application detailing work being done. Please be detailed when describing your project.
2. Homeowners Insurance (if doing the work yourself)
3. Business License of Contractor(s)
4. Certificate of Insurance and Workers Comp (if applicable) form Contractor(s)
5. Permit from the County (if applicable)
6. Schematic of home/drawing of work being done:
 - Dimensions of project (example size of patio extension or driveway expansion)
 - Type of material being used (for this usually the estimate from the contractor will provide the necessary information/detail)
 - Colors being used (if applicable)
7. Landscaping should include what is being removed and what is being put back (if you take out a tree you must replace it). Some instances of disease may not allow for replanting of a tree, please make sure to indicate why the tree is being removed.
8. If adding landscaping names of plants/shrubs/trees need to be included along with a colored picture of the plant/tree/shrubs being installed.
9. Windows/Hurricane impact windows must conform with the Community's standards of colors and style. You must provide a colored picture of what the windows will look like.
10. Under Certificate Holder on the COI and Workers Comp, additional insured must be added as follows:

Shakerwood HOA
c/o GRS Community Management
3900 Woodlake Blvd., Ste. 309
Lake Worth, FL 33464

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APPLICATION FOR ALTERATIONS

Please complete the following application to submit to the Board of Directors of Shakerwood Association, along with a copy of any architectural drawings, permitting information, and a brief description of the construction plans. Please allow 30 days for a written response from the Board of Directors and GRS Community Management.

DATE: _____

OWNER: NAME _____ PHONE _____

ADDRESS _____ LOT# _____

COMMUNITY _____

DESCRIBE IN DETAIL, TYPE OF ALTERATION AND MATERIALS TO BE USED:

Is there a permit required? Yes No

Has the project been approved by the Village of Wellington? -----
(If applicable, please provide copies of such documents.)

Contractor or vendors name: -----

License number: ----- Proof of insurance included: ____

Contractor Phone: ----- Contractor Fax:-----

An application requesting approval of any alteration which occurs outside the exterior walls of the building, **MUST BE ACCOMPANIED BY THE FOLLOWING: A SKETCH INDICATING LOCATION, SIZE AND TYPE OF CONSTRUCTION; A COPY OF YOUR SURVEY SHOWING WHERE THE CHANGES WILL BE LOCATED, AND OTHER PERTINENT INFORMATION. ALSO ATTACH A COPY OF YOUR CONTRACTORS LICENSE, INSURANCE CERTIFICATE (LIABILITY & WORKMAN'S COMP. CERTIFICATE)**

If approval is granted, it is not to be construed to cover approval of any County Code requirements. A building permit from the County Building Department is needed on most property alterations or improvements. NOTE: Any alterations may not encroach onto any existing easements.

As a condition precedent to granting approval of any request for a change, alteration or addition to an existing basic structure that the applicant, the heirs, and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration or addition. It is understood and agreed that the ASSOCIATION AND GRS COMMUNITY MANAGEMENT are not required to take any action to repair, replace, or maintain any such approved change, alteration, or addition, or any damage resulting therefrom for any reason to the existing original structure, or any other property. THE UNIT OWNER ASSUMES ALL RESPONSIBILITY AND COSTS FOR ANY ADDITION OR CHANGE, AND ITS FUTURE UPKEEP PLUS ANY WORK THAT HAS TO BE DONE O N THE COMMON GROUNDS THAT IS AN ADDED EXPENSE BECAUSE OF THIS ADDITION OR CHANGE. NOTE: FENCE INSTALLATIONS WILL REQUIRE THE HOMEOWNER TO MAINTAIN THE FENCE AND LANDSCAPING AROUND THE FENCE AS WELL AS INSIDE THE FENCE AREA. THIS MAINTENANCE MUST BE DONE BY THE HOMEOWNER AT NO EXPENSE TO THE ASSOCIATION.

OWNERS SIGNATURE:

SHAKERWOOD HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR ALTERATIONS

ACTION BY THE ASSOCIATION:

DATE: _____ APPROVED _____ *NOT APPROVED _____

ASSOCIATION DIRECTOR

ASSOCIATION DIRECTOR

*NOTE: IF NOT APPROVED, THE FOLLOWING IS THE REASON:

WAIVER OF LIABILITY

The undersigned hereby agrees that any and all liability caused by or arising from any acts which may increase the hazard of susceptibility to loss on the described premises shall not be held against the ASSOCIATION AND GRS COMMUNITY MANAGEMENT, "as their interest may appear," and they shall be held harmless from any liability arising therefrom and indemnify them for all losses, costs, expenses and attorney's fees in connection with any such addition to their unit.

DATE: _____

UNIT OWNER:

UNIT OWNER:

WITNESS:

PLEASE RETURN FORM TO: GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FLORIDA 33463