



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463

Ph: (561) 641-8554 / [www.grsmgt.com](http://www.grsmgt.com)

## **REQUEST FOR ARCHITECTURAL COMMITTEE APPROVAL TO MODIFY UNIT AND/OR PROPERTY**

Please note there is a required **Architectural Modification Application Processing Fee** in the amount of **\$25.00 payable to GRS Community Management** in the form of a money order or cashier's check.

### **CONTRACTOR/VENDOR GUIDELINES**

All Homeowner and Condominium Associations require the following documents to be **provided by the Contractor/Vendor to the Homeowner** and submitted in whole with the Modification Application and Fee to be processed expeditiously:

1. \_\_\_\_\_ Current copy of Contractor/Vendor Occupational License.
2. \_\_\_\_\_ Current copies of a Contractor/Vendor Certificate of Liability Insurance, Automobile/Vehicle Insurance and Workers Compensation Insurance (or an Exempt Certificate must be provided).

### **The COI's Certificate Holder must reflect the following verbiage:**

"Name of Association" (*in which the project is contracted*)  
c/o GRS Community Management  
3900 Woodlake Blvd. Suite 309  
Lake Worth, FL 33463

### **The Association must be named as an Additional Insured.**

3. \_\_\_\_\_ No Application will be processed without being completed in its' entirety and submitted without all required supporting documentation as listed above and/or the fee(s).
4. \_\_\_\_\_ Applications and/or documentation submitted in part(s) or through a third party will not be accepted and will be returned to the Homeowner.

**Please submit payment with the attached application and ALL required documentation.**

Thank you.

**GEFION COURT**  
**THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 1**

c/o GRS Community Management  
3900 Lake Worth Blvd., Suite 309 Lake Worth, FL  
Phone: (561) 641-8554 / Fax: (561) 641-9448  
Email: [residentservices@grsmgt.com](mailto:residentservices@grsmgt.com)

**REQUEST FOR APPROVAL OF ALTERATIONS AND/OR IMPROVEMENTS**

The undersigned owner does hereby request approval of certain construction and improvements to the (check one or more):

- ☐ Unit described below
- ☐ Limited Common Elements appurtenant to unit
- ☐ Common Elements adjacent to unit

For the owner of (hereinafter "Owner"):

Unit: \_\_\_\_\_

Building: \_\_\_\_\_

Townhouse: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Said improvements consist of:**

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### **CONTRACTOR REQUIREMENTS**

- 1. PROVIDE PROOF OF LIABILITY INSURANCE.**
- 2. PROVIDE PROOF OF WORKERS' COMPENSATION INSURANCE. IF NONE, PROVIDE CERTIFICATE OF EXEMPTION FOR EACH EMPLOYEE THAT WILL BE WORKING ON OUR PROPERTY.**
- 3. ADVISE INSURANCE COMPANY THAT THE "CERTIFICATE HOLDER" TO BE LISTED ON THE CERTIFICATE OF LIABILITY INSURANCE IS:**

\_\_\_\_\_  
**GEFION COURT**

- 4. PROVIDE A COPY OF THE BUSINESS LICENSE.**
- 5. BUSINESS LICENSE MUST BE FROM PALM BEACH COUNTY OR THE STATE OF FLORIDA.**
- 6. PROVIDE A SET OF PLANS OR DRAWINGS SHOWING THE ALTERATIONS OR IMPROVEMENTS TO BE DONE.**
- 7. REMOVE ANY DEBRIS FROM SAID ALTERATION OR IMPROVEMENT FROM THE COURT'S PREMISES.**
- 8. SHOULD A PERMIT BE REQUIRED FOR THE WORK THAT YOU ARE PERFORMING, PLEASE SUBMIT WITH THIS APPLICATION.**

As a condition of this approval, the below signed Unit Owners, their successors and assigns agree as follows:

- A. Unit Owners, their successors and assigns shall hereinafter maintain, repair, and replace, when necessary, the above-described improvements at their own expense.
- B. Should the Association find it necessary to repair the original structure and such repair requires the removal of said improvements, then Unit Owners, their successors, and assigns, at their own expense, shall remove said improvements while the Association is repairing the original structure. Upon completion of said repairs, Unit Owners, their successors, and assigns, at their own expense, may then reconstruct said improvements to their original specifications.
- C. The Association assumes no responsibility to maintain, replace and repair the above-described improvements, but the Association does retain its responsibility to replace, maintain and repair the original structure as provided in the Declaration, unless the original structure has been damaged by the above-mentioned improvement. Should the original structure be damaged by the above-described improvements, then Unit Owners shall reimburse the Association for such damages. In the event the Association's repair or replacement of the original structure causes destruction to said improvements, then Unit Owners, their successors and assigns shall bear the cost of replacing these improvements and agree that such replacement cost shall not be the responsibility of the Association.

- D. The promises contained herein shall constitute covenants which shall run with the land for the above-described unit.
- E. All work shall be performed in accordance with Palm Beach County Building Department codes and County approval shall be obtained where necessary.
- F. ALL UNITS ON THE SECOND AND THIRD FLOORS OF THE APARTMENT BUILDINGS MUST HAVE NOISE ABATEMENT INSULATION INSTALLED BEFORE APPLYING HARD SURFACE FLOOR COVERING. FOR TILE, A CORK INSULATION LAYER, 1/4<sup>TH</sup> OF AN INCH THICK, AND FOR WOOD, AN UNDERLAYMENT SUCH AS "SILENT STEP."
- G. Any damage to the common area caused by the unit owner's contractors, subcontractors, material, men or otherwise shall be the sole responsibility of unit owner and the Association reserves the right to repair any damages and the unit owner agrees to pay and reimburse the Association for all materials and labor costs to the Association.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

UNIT OWNER'S SIGNATURE: \_\_\_\_\_

UNIT OWNER'S PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
Witness to Signature(s)

STATE OF FLORIDA COUNTY

OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_. He/She ( ) is personally known to me or ( ) has  
produced (type of identification) \_\_\_\_\_ and did not take an oath.

SEAL

\_\_\_\_\_  
Florida Notary

The above alteration and/or improvement was approved by the Board of Directors of:

\_\_\_\_\_ Court on \_\_\_\_\_

\_\_\_\_\_  
President, \_\_\_\_\_ Court

STATE OF FLORIDA COUNTY  
OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_. He/She ( ) is personally known to me or ( ) has  
produced (type of identification) \_\_\_\_\_ and did not take an oath.

SEAL

\_\_\_\_\_  
Florida Notary

**ACKNOWLEDGMENT OF LIABILITY, HOLD HARMLESS,  
INDEMNIFICATION AND ASSUMPTION OF RISK**

By this instrument, \_\_\_\_\_ ("Owner") as owner of the Unit \_\_\_\_\_ (the "Unit") located at the address of \_\_\_\_\_ hereby and forever releases, remises, acquits, holds harmless and agrees to indemnify (to the maximum extent permissible under Florida law), protect and defend (including attorney's fees and costs) **The Fountains of Palm Beach Condominium, Inc. No. 1** (the "Association") and its management agent, and each of their respective directors, officers, members, agents, employees, successors and assigns for, from and against any and all claims, causes of action or any liability whatsoever incurred in connection with any property damage and/or bodily injury that may be caused, in whole or in part, by:

1. The acts or omissions of any unlicensed and/or uninsured (or underinsured) contractors or vendors (including the acts or omissions of any of their employees or agents) employed, retained or otherwise engaged by the Owner or the Owner's tenant, guest, invitee or licensee to provide materials and/or services within the Unit or anywhere else within the Condominium Property, including but not limited to the Common Elements or Limited Common Elements (including but not limited to patios, balconies, terraces, storage areas and parking spaces), and regardless of whether hired directly or indirectly and regardless of whether compensated or uncompensated for their work; and/or
2. Equipment, appliances, fixtures, furniture, structures or improvements, including any related parts or apparatus, installed and/or used by the Owner, their tenants, guests, invitees or licensees within their Unit or on Limited Common Elements, including but not limited to patios, balconies, terraces, storage areas and parking spaces.

I am over the age of 18 years old, I am authorized to act on my own behalf, and I am submitting this instrument voluntarily and of my own free will with full knowledge and understanding of its terms and I have had the opportunity to consult with independent counsel in advance of signing this instrument.

This acknowledgment of liability, hold harmless, indemnification and assumption of risk instrument shall be binding upon me, as Owner, and any of my successors, heirs, assigns, executors, and administrators and shall be fully enforceable in the State of Florida and in any litigation to enforce the terms hereof or for a breach hereof, the prevailing party shall be entitled to recovery of all attorney's fees and costs incurred through all stages of proceedings and venue shall be in a court of competent jurisdiction located in Palm Beach County, Florida.

IN WITNESS THEREOF, the undersigned executed this instrument on the date set forth below:

Witnesses	Signature: _____
_____	Print Name: _____
_____	Date: _____

SWORN AND SUBSCRIBED before me by means of ☐ physical presence or ☐ online notarization, on this \_\_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification and who did take an oath.

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

Print Name: \_\_\_\_\_