

# CASA DEL RIO CONDOMINIUM ASSOCIATION, INC.

## REQUEST FOR ARCHITECTURAL REVIEW APPLICATION *PAGE 1 OF 2*

**DIRECTIONS** – Please follow the directions provided, prior to submitting to avoid delays in processing.

- Fill out the application in its entirety, and sign both (2) two pages of the required forms.
- Attach sub-contractors Insurance (Naming: Casa Del Rio Condo Assn, Inc. as additionally insured.)
- Attach sub-contractors copy of business license (and) proof of workers compensation.
- Return completed forms to GRS - 3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463 along with a non-refundable processing fee of \$25.00. **Check or Money order only** will be accepted made payable to GRS Community Management.

### **A. INFORMATION**

Owner(s) Name: \_\_\_\_\_

Address and Unit No. \_\_\_\_\_

Owner Phone Number & Email Address: \_\_\_\_\_

**BRIEF DESCRIPTION:** Please give a description of the alteration, improvement, addition, or other change you would like to make to the exterior/interior of your home. Please include such details as dimensions, materials, color(s), design, location, and other pertinent data.

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### **A. PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION**

Check off the items attached and pertain to project.

\_\_\_ Plans, elevations, or detailed sketches

\_\_\_ Copy of sub-contractor's license and workers compensation.

\_\_\_ Copy of sub-contractor's Insurance to include:(Casa Del Rio Condo Assn, Inc. as additionally insured.)

\_\_\_ \*Please Note – For any interior replacements of flooring on the 2nd and 3rd floor units (CARPET ONLY).

\_\_\_ \*Please Note – Machinery construction work. The operation of any machinery, demolition equipment, construction equipment, excavating equipment, power tools, equipment of semi-mechanical devices or undertaking construction work which emits sound throughout the building or neighboring units shall not commence between the hours of 9:00 PM and 8:00 AM.

**Please do not write below this line. (ACC/BOD use only)**

\_\_\_ Approved by the Architectural Control Committee/Board of Directors

\_\_\_ Approved, subject to the following conditions: \_\_\_\_\_

\_\_\_ Denied, not approved for the following reasons: \_\_\_\_\_

**ACC/BOD Member Signature and Date:** \_\_\_\_\_

# CASA DEL RIO CONDOMINIUM ASSOCIATION, INC.

## REQUEST FOR ARCHITECTURAL REVIEW APPLICATION *PAGE 2 OF 2*

### HOMEOWNERS AFFIDAVIT

I have read, understand, and agree to abide by the Covenants and Restrictions of the Association. In return for approval, I agree to be responsible for the following:

All losses caused to others, including common areas, because of this undertaking, whether caused by me or others.

To comply with all state and local building codes.

Any encroachment(s).

To comply with the conditions of acceptance (if any).

To complete the project according to the approved plans. If the modification is not completed as approved, said approval will be revoked and the modification shall be removed by the owner at the owner's expense.

The homeowner is responsible for ensuring that all areas affected by the project construction (i.e., landscaping, irrigation, common areas, sidewalks, etc.) are restored to their original condition. The homeowner will be notified of any deficiencies in writing and will be asked to correct any damages. Failing to do so and the homeowner will be held responsible for all costs necessary for the COA to properly restore the area.

I also understand that the ACC or BOD does not review and assumes no responsibility for the structural adequacy, capacity or safety features of the proposed construction, alteration or addition, or for performance, workmanship, or quality of work of any contractor or of the completed alteration or description.

I agree to abide by the decision of the Architectural Control Committee or Board of Directors. If the modification is not completed as approved, within 90 days, with the specifications submitted in this application and I refuse to correct or remove the modification, I may be subject to legal action by the Association. In such event, I shall be responsible for all reasonable attorneys' fees.

#### **MULTIPLE SIGNATURES REQUIRED IF UNIT IS OWNED BY MORE THAN ONE PERSON.**

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ARC/ACC/ARB MODIFICATION APPLICATIONS REQUIRED VENDOR DOCUMENTATION**

### **ALL ASSOCIATIONS**

### **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 COL'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.