



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.



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### **REQUEST 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 said unit  
☐ Common Elements adjacent to said unit

For the owner of (hereinafter "Owner")

Unit No. \_\_\_\_\_ of Building No. \_\_\_\_\_, or Townhouse No. \_\_\_\_\_

In \_\_\_\_\_,

A Condominium \_\_\_\_\_ or Homeowners \_\_\_\_\_ Association, according to the

Declaration thereof, as record in the Official Record Book \_\_\_\_\_, Page \_\_\_\_\_,

of the Public Records of Palm Beach County, Florida.

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

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

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

Said improvements consist of:

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And are more fully described in the application of the below signed Unit Owners, which was submitted to the Association on \_\_\_\_\_, 20\_\_\_\_.

## **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:**

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(Name of Association)  
3900 Woodlake Blvd. Suite 309  
Lake Worth, FL 33463

- 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 TO THE F.C.O. OFFICE A COPY OF THE PERMIT 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, 1/4th 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.

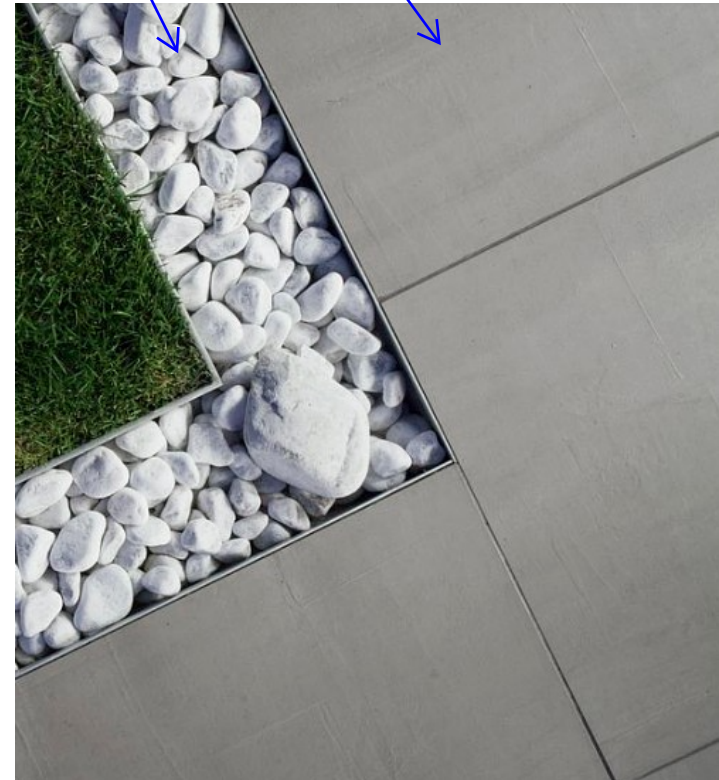
**SEAL**

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

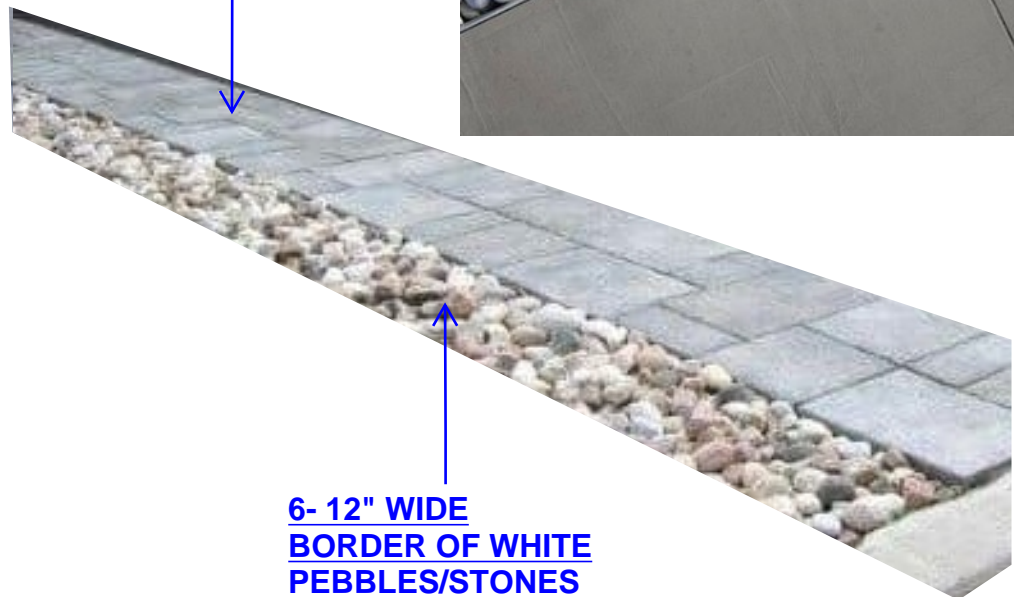


DARK GREY  
FLOOR

6- 12" WIDE  
BORDER OF WHITE  
PEBBLES/STONES



DARK GREY  
FLOOR



6- 12" WIDE  
BORDER OF WHITE  
PEBBLES/STONES