

BOYNTON OASIS CONDOMINIUM ASSOCIATION INC.

ARCHITECTURAL REQUEST FOR CHANGE FORM

RETURN THE COMPLETED APPLICATION TO BOYNTONOASISCONDO@GMAIL.COM

Owner Name: _____ Address: _____ Park Lake Circle

Phone: _____ Email: _____

Describe in detail below, the type of alteration and materials to be used. Include color samples, if applicable.
Attach a separate page if additional space is required.

This Application requesting the approval of any change or alteration to the exterior walls of the building or beyond must be accompanied by the following (as applicable):

- A sketch indicating location, size/dimensions, type of construction and any other relevant information.
- A survey is required for all additions.
- A copy of the contractor's quote, license, and insurance certificate.
- The Certificate of Insurance must include Boynton Oasis Condominium Association, Inc. as a certificate holder AND as an ADDITIONAL INSURED at the following address:

Boynton Oasis Condominium Association, Inc.
6373 Park Lake Circle
Boynton Beach, FL 33437

Email certificate to: boyntonoasiscondo@gmail.com

If approval of the concept is granted below, it is not to be construed to cover the approval of any County or City code requirements. A building permit from Palm Beach is required on most property alterations or improvements and the homeowner is required to provide the Association with a copy of the building permit after the alterations concept is approved by the Board and before beginning the improvements.

All approved changes, alterations and additions must be completed within six (6) months of the date of approval, or you must resubmit an application for approval.

As a condition to granting the approval of any request for a change, alteration or addition to an existing basic structure, the applicant, heirs and assigns thereto hereby assume sole responsibility for the repair, maintenance, or replacement of any such change, alteration and addition and any damage resulting from, for any reason, to the existing original structure or any other property. The owner assumes all responsibility and costs for any change, alteration or addition and its future upkeep plus any work that must be done on the common areas that is an added expense because of the change, alteration, or addition.

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 "as their interest may appear", and the Association shall be held harmless from any liability arising from and indemnified for all losses, costs, expenses and attorney's fees in connection with any such change, alteration or addition.

Owner's Signature: _____ Date: _____

Actions by the Board:

APPROVED: _____ Concept _____ Concept with these requirements: permit, final inspection

DENIED: _____ Reason: _____

Date: Approved _____ Denied _____ By: _____



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

Ph: (561) 641-8554 / 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.