

# HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.

## Architectural Review Application

Return completed forms to GRS Community Management, 3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463

**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: Harbour Towers Condominium Association of NPB as additionally insured)
- Attach sub-contractors copy of business license (and) proof of workers compensation.
- Permits must be obtained from the Village of North Palm Beach and posted.
- No repairs or work is permitted on Sunday or Holidays.
- Work may be conducted only Monday-Saturday between the hours of 8:00am – 5:00pm.
- Each day, workmen and contractors are required to clean up their work area before leaving and all debris is to be removed from the property.
- No improper, offensive, hazardous or unlawful use shall be made of the Condominium Property.
- Unit owner is responsible for notifying contractor and suppliers when using the elevator to put up pads and carpet then remove them when finished.
- The pads and carpet are located in 1<sup>st</sup> floor laundry room by water heater.
- Contractors can NOT clean their tools in Laundry Room Sinks.

### INFORMATION:

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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.

### 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 (Harbour Towers Condominium Association of NPB as additionally insured)

### 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:

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### 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 damage. 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 an event, I shall be responsible for all reasonable attorneys' fees.

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

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

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

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