#### La Vida Homeowners Association

# (ACC) 'Architecture Control Committee' Guidelines Checklist

<u>PLEASE NOTE:</u> To attempt to assure no unwanted delays of process... (Be sure that all required items below accompany your 'ACC' request form)

## Please check appropriate boxes/submit the following with your application form:

Paint/color chips or sample must be included for ALL Paint if different color than original house color			
Brochure w/specifications			
Color of any submittal must be on the form			
Roof tile samples may be left at house or garage			
Survey (Marked w/locations) for landscape changes, window, door fences, driveways, additions, screen enclosures and any other structural modifications			
Hurricane shutters must be marked on a footprint of the house with type/style of shutte indicated for each window			
Satellite dish installations must include wiring/location drawings			
Copy of Contractors license must be current			
Contractor's certificate of liability insurance (naming the Association as Certificate Holder)			
La Vida HOA c/o GRS Community Management 3900 Lake Worth Rd., Suite 309 Lake Worth, FL 33463			
Contractor's worker's compensations or exemption Security deposit check made payable to your Association (if applicable) City Permit (If applicable)			

#### PLEASE DO NOT GIVE REQUEST DOCS TO BOD/ACC MEMBERS

Email all documents to GRS Community Management 3900 Woodlake Blvd., Suite 309 Lake Worth, FL 33463 (Ph) 561-641-8554 / (Fax) 561-6741-9447 ResidentServices@grsmgt.com

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#### GRS COMMUNITY MANAGEMENT c/o

## LA VIDA HOMEOWNERS ASSOCIATION

# (ACC) ARCHITECTURAL CONTROL COMMITTEE REQUEST FOR APPROVAL TO IMPROVE OR MODIFY PROPERTY

OWNER'S NAME:			<del></del>
PROPERTY ADDRESS:		LOT:	
DAYTIME PHONE#:		FAX:	<del></del>
E-MAIL:			_
CONDITIONS, RESTRICTIONS	S OF THE ASSOCIATION DOO REQUEST APPROVAL FOR T	CUMENTS FOR THE HO THE FOLLOWING IMPR	THE DECLARATION OF COVENANTS, MEOWNERS ASSOCIATION, TO COVEMENT OR MODIFICATION TO
	EED COPY OF LICENSE AN AVE COPY OF CONTRACT O		
Proposed Start (Days after A	Approval)Pr	oposed End Date or D	ays After Approval
INCLUDES A SKETCH OF THE IN		<u><b>1UST</b></u> BE ACCOMPANIED	BY A COPY OF A 'PLAT SURVEY' THAT
			rty and or restoring any damage to common d to perform work on my home and have met
OWNER SIGNATURE	DATE YOUR RI	OWNER SIGNATUR E <b>QUEST IS:</b>	RE DATE
APPROVED	CONDITIONALLY APPL	ROVED INCOM	PLETE DENIED DENIED
COMMENTS:			
	MINIIMUM (2) signatu	ures of the 'ACC' require	<u></u>
Name:	Signature:		Date:
Name:	Signature:		Date:
Name:	Signature:		Date:

3900 Woodlake Blvd., Suite 309 Lake Worth, FL 33463 (Ph) 561-641-8554 / (Fax) 561-648-9448 Resident Services@grsmgt.com

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