



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.

Please submit payment with the attached application and all required documentation.

Thank you.



ARB Application Packet

The ARB Committee meets the first Wednesday of the month. Completed applications must be submitted to the BSMA office by the fourth Friday of the prior month.

Do not submit applications to BSMA until completed and the following has been included:

- ☐ 2 signatures from your Village ARB
- ☐ Unexpired Liability and Worker's Comp insurance from contractor that names BSMA, 2701 NW 64th Blvd., Boca Raton, FL 33496 and YOU as additionally insured (some Villages may want to be named as well). Must remain active until project completed.
- ☐ Unexpired Contractor's Business License or Certificate of Competency
- ☐ Signed waiver form
- ☐ Deposit check if required
- ☐ Surveys, drawings, photos, color samples, material samples if applicable
- ☐ Any and all compliance requirements by the Village must be qualified by the Village and included in the packet.
- ☐ If the contractor is exempt from Worker's Comp or does not carry a policy, the owner requesting the work needs to submit a notarized Waiver Form accepting responsibility for any damages to common areas or any injuries.

No project is to be started until all materials are on property and ready to be installed. No materials are to be housed on property.

Incomplete ARB's will be returned, and a \$25 fee will be charged for re-submittal



Dear Members,

Broken Sound Master Association (BSMA) is pleased to introduce a revamped Architectural Review Board (ARB) procedure. This community-wide program will ensure a consistent approach to improvements and renovations within Broken Sound. This will ensure that we enhance enjoyment and protect the value of our greatest assets, our homes.

In accordance with the BSMA governing documents, Article VII of the BSMA Declaration of Maintenance Covenants, guidelines have been established to ensure that all renovations, improvements, and repairs to residences within Broken Sound are completed in compliance with all State of Florida and Palm Beach County building codes, Master Association and Village Association rules, in order to ensure the compatibility within communities of Broken Sound.

The ARB Committee is comprised of residents of the Broken Sound Community who are appointed by the BSMA Board of Directors. The committee is assisted by BSMA staff.

The ARB Committee reviews applications in order to determine if the plans for improvements and renovations conform to the construction and appearance standards as outlined in Article VII of the Declaration. In addition, each Village has their own design requirements that must be adhered to by any owner requesting approval in that association. Florida Statutes and local ordinances require that permits be obtained prior to erecting, altering, constructing or installing buildings, structures or service systems. In addition, the law requires that the construction be inspected at specified phases by qualified personnel to ensure compliance with the required Building and Zoning Department. The ARB reserves the right to enact requirements that are stated in BSMA's documents and regulations. Failure to abide by ARB permit requirements may result in stop of work and suspension of permit pending review by BSMA. Violations of the ARB process could result in fines, work delays and/or appearance before the Grievance Committee.

Regardless of the need for ARB approval and/or permits for any project that you may be contemplating at your residence, we urge you to thoroughly review the credentials, proof of insurance, and references of any vendor that you may be considering. It is recommended that any project have a signed contract containing a start date and completion date. **Note:** Some companies in FL exempt themselves from worker's compensation insurance. Please be aware that if your contractor, or their employees, is injured while working on your property and they don't have workers compensation insurance, **YOU** could be liable for that injured person's medical bills and lost wages. **Homeowners** should check with their HO3 (homeowners) policy to see what coverage they have for (1) medical payments and (2) occasional labor.

Palm Beach County has a certification division that may be a beneficial resource. You can reach them at 561-233-5530 or go to www.pbcgov.com/pzb/contractors for their website. If you have any questions, please contact the BSMA office at 561-998-5813.

Sincerely,

Initial _____

Broken Sound Master Association

Broken Sound Master Association
Architectural Review Board Application

Date Submitted: _____

Name of Applicant/Homeowner: _____

Address: _____ Village: _____

Telephone: _____ Email: _____

Application for (please check)

- ☐ **Painting** – Submit color sample for each location
- ☐ **Exterior Changes** – Any alterations/repairs to outside of home must be approved by the ARB Committee
- ☐ **Roof Replacement** – No roofing or siding is to be removed without availability of replacement material

Description/Color _____ Attach picture to application

- ☐ **Landscaping/Alteration/Addition**– Submit site plan & survey, show all dimensions and property line setbacks

Detailed description of any work which will be done: _____

- ☐ **Windows/Doors/Pool/Patios/Driveways/Walkways/Garage Doors** – Submit pictures, color choice and product description
- ☐ **Generators/Tanks** – Submit survey of property and location of all equipment

Homeowner is responsible for all permits and for meeting all codes that may apply

Name of Contractor: _____ Contractor License Number: _____

Contractors must restore property to as-found conditions upon completion of work

Homeowner is responsible to pay for and repair any and all damage done to the common areas as a result of the installation.

The work is not to be started until this application is approved by the BSMA ARB. Please advise your architect and/or contractor of this procedure.

The Property Owner's Association and the BSMA ARB are deemed, and you hereby hold them harmless due to any delay and other problem that may arise during construction.

(If construction has not begun within ninety (90) days after approval, please notify the BSMA office).

Applicant/Homeowner Signature: _____

Waiver of Liability

Print Name _____, (hereinafter "Owner") of

Address/Unit _____, Boca Raton, FL 33496, "unit" of

Village _____, hereinafter "Village"/Association" has submitted plans and specifications or other required items to the Architectural Review Board of THE BROKEN SOUND MASTER ASSOCIATION (hereinafter "Master Association") and seeks approval for addition, change, or alteration at the above-mentioned unit.

Owner shall be responsible for all costs and expenses in the addition, change or alteration at said Unit. All such work must be completed in a good and workmanlike manner in accordance with all applicable laws, ordinance, rules, regulations and requirements of all governmental bodies or officers having jurisdiction over such work, and before such work is commenced, all required permits and authorizations shall be obtained by Owner, and copies shall be provided to BSMA.

Owner shall pay all costs, expenses and damages to repair and/or replace any portion of Master Association or Village common area damaged by subcontractors, material, men, mechanics, or other third parties rendering goods or services to said Address. Owner shall also be responsible for all costs incurred by Master Association Board or Village Board in enforcing the Architectural Review Board Official Procedure, including costs to dismantle/destroy, transport and properly dispose of incomplete or undue improvements and restore the area to its original condition. In the event that said costs and expenses are not paid to the Master Association Board or Village Board within forty-five (45) days written notice, the Master Association or Village Association shall have the right to levy an assessment against the address for said costs and expenses. The Master Association or Village Association shall have all remedies for non-payment of assessments, including, but not limited to lien rights, as further contemplated in the respective Declarations of the Master Association and Village Associations.

The owner expressly understands that Master Association and Association approval or disapproval will be based on grounds, including, without limitation, aesthetic reasons, to maintain and protect the value of property within Broken Sound. The owner shall seek architectural and engineering opinions on said plans from reputable professionals in the field and shall not request or rely on Master Association or Association for these opinions.

Owner shall indemnify and hold Master Association and Association free and harmless from and against any and all liability caused by or arising from any acts, of owner, contractor, subcontractor, or any of their agents, licensees, or invitees, and from any loss, claim or damage by reason of any injury, accident or damage to any person or property, including common areas of the Master Association and the Association arising out of or in any way relating to the addition, change or alteration at the Address, occasioned wholly or in part by any act of omission of Owner, any contractor, or any third party rendering goods or services. In the event that the Master Association and the Association shall be made a party to any litigation commenced against Owner concerning the addition, change or alteration at the Unit, then Owner shall defend, protect and hold the Master Association and the Association harmless and pay attorneys' fees, costs and expenses incurred by them in connection with such litigation, through all levels of appeal. Master Association and the Association shall have the right to choose their own counsel in such instance.

In connection with any dispute, litigation, enforcement, or interpretation of this Waiver of Liability, Master Association and the Association shall be entitled to recover reasonable attorneys' fees, including appellate and post-judgment proceedings, cost and expenses.

This WAIVER OF LIABILITY has been executed on the _____ day of _____, 20_____.

OWNER - Signature

OWNER - Signature

Request for ARB Committee and Village Review

Date _____
Name _____
Village _____
Property Address _____
Phone # _____
Email _____

DOCUMENT CHECK LIST

- ☐ Survey / Plot Plan
- ☐ Building Plans
- ☐ Elevations / Details
- ☐ Specifications
- ☐ Permit Application Paperwork
- ☐ Notice of Commencement
- ☐ Photos (Before work begins)
- ☐ 811 Flag Utilities Check

DESCRIPTION OF ADDITION, ALTERATION, IMPROVEMENT, ETC.

Dumpster on site? Yes No

Dumpster installation date: _____ will be on
site for approximately _____ days.

And/or

Port-o-let on site? Yes No

Port-o-let install date: _____ will be on
site for approximately _____ days.

If circled, please submit **\$500** refundable
Deposit at time of application in the form of a
Check payable to BSMA. After being on site for
120 days, must reapply.

Initial _____

General Contractor & Subcontractors

Name _____
Address: _____
Phone _____

☐ Certificate of Insurance per Instruction below *

***See sample Certificate enclosed on final page.**

Commercial General Liability: Minimum limits of
\$1,000,000 per occurrence, \$2,000,000 general
aggregate, including Products and Completed
Operations. Separate certificates naming BSMA,
your village and yourself must be named as
additional insured and be listed as the certificate
holder.

Automobile Liability: Minimum limits of
\$1,000,000 per occurrence, \$1,000,000 aggregate.

Workers Compensation: Minimum limits of
\$100,000 per occurrence for accident and disease.
\$500,000 policy limit.

Insurances shall be primary and noncontributory
with a waiver of subrogation

***Village Board Signature**

Print name Date

***Village Board Signature**

Print name Date

*** I acknowledge that as a current village board member, I understand and approve any impact to the appearance of my village from this ARB application, and BSMA may rely on my signature as a basis to approve this application.**

ARB Approval Date

ARB Approval Date

This application must be completed in full before it is submitted to the BSMA office. Application must be signed by the Village ARB before submitting to BSMA. **Incomplete applications** will be returned to applicant and a fee of \$25 will be charged to resubmit. A **non-refundable** fine will be imposed for any work started prior to ARB approval.

All ARB applications are **due by the third Friday** of the month.

The BSMA ARB Committee will review applications on the **first Wednesday** of the month.

Rush requests will be on an emergency basis only (example: roof leaks).

Application MUST include all items listed in this section:

- An application form completed in full, approved and signed by Village ARB
- A signed Waiver of Liability form completed by homeowner (page 4)
- Unexpired Contractor's License or Certificate of Competency
- Unexpired Contractor's Liability and Worker's Comp Insurance that names both the homeowner and BSMA as additionally insured (some Villages may want to be named as well). Must remain active until project completed.
- If the contractor is exempt from Worker's Comp or does not carry policy, the owner requesting the work needs to submit a notarized Waiver Form accepting responsibility for any damages to common areas or any injuries.
- Deposit check if required

Application **MUST** include any of the items below that pertain to the work requested

- **Surveys**
- **Drawings / Photos**
- **Color Samples**
- **Material Samples**
- **811 Utilities Flag Check**

The homeowner is responsible for all contractor's actions while working on property.

All compliance requirements by the Village must be qualified by the Village and included with the applications.

Completion Schedules: Failure to comply with the timeframes below may result in a **\$100 fine** per day until completion

- New construction: 12 months of ARB approval letter
- Remodel construction: 6 months of ARB approval letter
- New Roof: 3 months of ARB approval letter
- Other: less than 6 months of ARB approval letter
- Work not completed within the allotted time requires a request for an extension to be submitted to the ARB Committee.
- It is the responsibility of the Homeowner/Resident to notify BSMA of date of commencement of work. If work does not begin immediately, please call BSMA 561.998.5813 with details to avoid a possible fine.

Initial _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
SAMPLE	PHONE (A/C No. Ext):	FAX (A/C No.):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Sample		12345
	INSURER B : Sample		12345
INSURED	INSURER C : Sample		12345
	INSURER D : Sample		12345
	INSURER E :		
	INSURER F :		
	Company Name		
Address			
City		State, Zip Code	

COVERAGES

CERTIFICATE NUMBER: 23/24 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Per Project Aggregate \$ 5,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is included as additional insured including products and completed operations for general liability, auto liability. General liability and auto liability are primary and non-contributory. Waiver of subrogation applies to general liability, auto liability, and workers compensation for the certificate holders. The umbrella extends over general liability, auto liability, and employer's liability. Cancellation: 30-days' notice of cancellation applies except 10-days' for non-payment of premium per policy terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

BSMA 2701 NW 64th Blvd Boca Raton FL 33496	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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