



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.

Request for Architectural Change

Application for Home

Renovations/Improvements/Replacements

No Work May be Started Until Written Approval is Received from the HOA

Name of Property Owner _____

Address of Property _____

Date of Application _____

Indicate Type of Change

___Landscape

___Roof replacement

___Driveway

___Generator

___Fence

___Swimming pool

___Wall

___Additions, Alterations, Expansion

___Painting

___Tear down / replacement

___Other

___Dumpster required

Please describe the type of architectural change for which you are requesting approval and include a description of the materials to be used, colors, and estimated number of days to complete all requested changes.

Date HOA received application _____

Date of HOA approval _____

Date received by Polo Club ARB _____

Date Polo Club ARB approval/rejection _____

Name of homeowner _____

Address of property application _____

Mailing address of homeowner _____

Homeowner phone (1) _____

Homeowner phone (2) _____

Preferred email address _____

Deposits Refundable Required Yes ____ No ____ \$ _____

Date Received _____ Amount \$ _____

Date Returned _____ Amount \$ _____

Deposits Non-Refundable Required Yes ____ No ____ \$ _____

Date Received _____ Amount \$ _____

AGREEMENT OF HOMEOWNER

I represent and warrant that I (we) are (am) the Owner of the property shown on pages A1 and A2 of this Application. I agree that completion of this Application will not guarantee approval of my request for Architectural Change. I will not permit any architectural change unless and until I receive approval in writing from the HOA. I agree that neither the HOA or Polo Club ARB approval represents that the construction will meet any building or zoning requirements.

I agree that I may not modify the plans detailed in this Application without the approval of the HOA (and/or Polo Club ARB). I agree that should I desire to modify the architectural change detailed in this Application; I must first re-apply to the HOA before I commence such modification.

I further represent that I (we) have read, understand, and will comply with all rules listed on pages 9, 10 and 11 of the ARB Standard Guidelines

I agree that if the Architectural Change for which I am applying requires digging underground, that I have notified my contractor (s) to seek location approvals from the HOA's landscape company, irrigation maintenance company, and the appropriate public utility companies and authorities prior to commencing any work. Further, I agree that I have required my contractor (s) to follow all building codes and setback requirements and I am responsible for obtaining building permits required for the Architectural Change that I am requesting.

I agree to indemnify and hold harmless the HOA, Polo Club ARB, Polo Club POA, and their respective officers, members and agents, from any and all manner of action or actions, cause or causes of action, suits, damages, judgements, claims, demands. Liabilities, costs, and expenses, including but not limited to attorneys' fees, by any and all persons (whether natural persons or otherwise) arising out of or in any way relating to the Architectural Change detailed in this Application, and the work performed or failed to be performed relating thereto.

Date _____

Print name(s) of all Owner(s) _____

Signature(s) of all Owner(s) _____

AGREEMENT OF CONTRACTOR

I/we have read the Polo Club ARB Standard Guidelines. I/we agree, that as a condition of the acceptance of this application, I/we acknowledge the MISCELLANEOUS RULES PERTAINING TO APPLICATION, WORK AND LIABILITIES, found on pages 9, 10 and 11 of the Standard Guidelines and agree to abide by all rules and requirements applicable to this Application and the work to be done.

Print name of contractor _____

Signature of person authorized to bind contractor _____

Print name of person authorized to bind contractor _____

Date _____

REQUIRED INSURANCE POLICIES

For any and all construction projects performed, the Homeowner is required to obtain from the Contractor and submit to the HOA the following documents:

1. Commercial General Liability naming HOA, Polo Club ARB, and the Polo Club POA as an additional insured, providing limits of not less than \$1,000,000 for Each Occurrence and \$2,000,000 General Aggregate including Products and Completed Operations, per Project Aggregate. Contractual liability and coverage for injury to employees of contractors and employees of subcontractors. Certificate of Insurance.
2. Workers Compensation as per Florida Statutory requirement
3. State Disability Insurance as per Florida Statutory requirement
4. Automobile Liability with limits of \$1,000,000 Each Occurrence for all owned, hired, and non-owned autos/trucks.

Contractor signature _____

Date _____

CONTRACTOR INDEMNITY AGREEMENT

To be executed by the contractor, to whom it may concern

I/we the undersigned, agree to indemnify and hold harmless the HOA, the Polo Club ARB, the Polo Club of Boca Raton POA, and any of their subsidiaries and agents from any and all manner of action or inaction, cause or causes of action, suits, damages, judgements, claims or demands, liabilities, defense costs, including attorney fees by any and all persons (whether persons or otherwise) specifically arising out of or in any way connected with the terms and completion of the Application.

Certificate of insurance must be included with Application showing HOA, Polo Club ARB, and Polo Club of Boca Raton as additional insureds.

Date _____

Name of contractor/address _____

Signature of person authorized to bind contractor _____

Print name of person authorized to bind contractor _____

SECTION B: SUPPLEMENTAL ITEMS REQUIRED FOR THIS APPLICATION

1. Picture and/or drawing of finished project/blueprints/architectural drawings and surveys may be required
2. Samples of materials to be used
3. Copy of written contract with contractor - if none, check this box ☐
4. Copy of Florida contractor license
5. Deposit monies determined based on the project needs