



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 | Ph: (561) 641-8554

**SARATOGA BAY HOMEOWNERS' ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL CONTROL COMMITTEE APPLICATION**

Unit Owner Name(s): _____

Address: _____ Lot No.: _____

Contact Telephone No.: _____ Email Address: _____

Application, documentation, and fees are to be submitted via USPS to GRS at the address indicated above.

Modification to be completed by: _____ Homeowner or _____ Licensed Contractor

Describe in detail the changes and/or modifications in which you are seeking approval:

Please complete and sign this form and attach the following information, if applicable.

1. **Refundable Security Deposits are required for all projects; \$250.00 for projects costing less than \$5,000.00 or \$1,500.00 for projects costing more than \$5,000.00 made payable to Saratoga Bay HOA in the form of a money order or cashier's check.**
2. Copy of contractor proposal and sketch of work to be done.
3. Copy of contractor's occupational license.
4. Copy of contractor's liability and/or automobile insurance certificate naming 'Saratoga Bay Homeowners Association, Inc.' (at the above referenced address) as the **Certificate Holder** and as **Additional Insured** and a copy of Workman's Compensation Insurance Certificate.
5. Copies of all Permit Application(s) and sign off when completed - for all applicable modifications.

Materials you may need to provide to the Association for the approval of the requested changes or modifications.

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. A sample of the type and texture of any building materials that may be used on the unit's exterior.
3. Any other materials or information that may assist in the Committee's evaluation of the project.
4. Copy of lot site survey indicating location of changes or modifications.
5. **Exterior painting** of homes must use the approved Benjamin Moore colors only – see attached color chart.
6. **Pool Installation** requires irrigation lines to be identified and marked, remove all irrigation main lines, lateral lines, electrical valves, electric wires and sprinkler heads from the pool construction area. Cap all necessary irrigation lines, reroute and reconnect the main irrigation lines and electric wiring. Upon completion of the pool, redesign and install the sprinkler system around the pool.
7. **Metal Roof Installation** – please refer to the attached metal roof standards.

It is understood that the changes or modifications which you are requesting may not:

1. Cause a nuisance or interference with the peace or privacy of the other people in the community.
2. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
3. Contractors are permitted to work Monday through Friday. Work on Saturday is permitted if no noise is audible beyond the home/property where the work is being performed. Work may NOT commence prior to 8:00 a.m. or after 5:00 p.m. Monday through Saturday. Contractors may not work on Sunday or public holidays.

As a condition precedent to granting approval of any request for a change, alteration, or addition to an existing basic structure that the applicant, the heirs, and assigns thereto, hereby assumes sole responsibility for the repair, maintenance, or replacement of any such change, alteration, or addition. It is understood and agreed that the ASSOCIATION is not required to take any action to repair, replace, or maintain any such approved change, alteration, or addition or any damage resulting therefrom for any reason to the existing original structure, or any other property. THE UNIT OWNER ASSUMES ALL RESPONSIBILITY AND COSTS FOR ANY ADDITION OR CHANGE, AND ITS FUTURE UPKEEP PLUS ANY WORK THAT HAS TO BE DONE ON COMMON GROUNDS THAT IS AN ADDED EXPENSE BECAUSE OF THIS ADDITION OR CHANGE.

Unit Owner(s) Signature: _____

Date: _____

REQUEST FOR MODIFICATION:

_____ Approved

_____ Conditionally Approved

_____ Disapproved

Comments: _____

Authorized Signature: _____

Date: _____

RE: CODES

Please be advised this Request for Modification approval is subject to County Codes, setbacks, and permit conditions required.

If at a later point it is found the homeowner(s) has not complied with these procedures, **the Homeowner(s), will be held responsible** for any and all changes that would be required.

Unit Owner Signature: _____

Date: _____

Unit Owner Signature: _____

Date: _____

WAIVER OF LIABILITY:

The undersigned hereby agrees any, and all liability caused by 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 they shall be held harmless from any liability arising therefrom and indemnify them for all losses, cost, expenses, and attorney's fees in connection with any such addition to their unit.

Unit Owner Signature: _____

Date: _____

Unit Owner Signature: _____

Date: _____

Exterior Paint Colors

All homes must be painted in the approved Benjamin Moore colors only. Written approval by the Architectural Control Committee is required before any color is chosen.

Steam AF-15	Seapearl 961	Pampas Grass 2110-60	Marble White 942
Horizon OC-53	Crystalline AF-485	Alaskan Skies 972	Angelica AF-665
Harmony AF-90	Eternity AF-695	Misted Green 2138-50	Himalayan Trek 1542
Grége Avenue 991	Truffle AF-130	Smoke 2122-40	Light Blue 2066-70
Beach Glass 1564	Silent Night 1613		

**SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.
METAL ROOF STANDARDS**

1. Panels must be coated (painted) aluminum or Galvalume (steel), no textured surface.
2. Panel must be painted with coating containing 70% KYNAR 500 PVDT resin, no texture.
3. Panel must be standing seam type. Panel must be Nail Strip, Snap Lock or Mechanical Lock.
4. Panel width must be uniform, having a width of 14 to 18 inches.
5. Panels must be of striated type profile.
6. All panel fasteners (screws, bolts, clips) must be of stainless steel if using aluminum panels or Galvalume dipped/galvanized if using Galvalume panels. All panel fasteners must be concealed (standing seam).
7. Panels must be solid in color, in white only. Approved colors below, if color is not listed, please provide a sample.
8. Roof penetrations (e.g. exhaust vent caps, pipes, skylight trim) must be painted white to match the roof panel manufacturer's color.
9. Drip edge, trim, caps, and other roof-edge components must be made of the same material and finished in the same color as the roof panels.

MFR/Brand

ATAS	Ascot White	Atas.com/colors
Berridge	Natural White	Berridge.com/colors
Drexel	Regal White	Drexelmetalshome.com
Englert	Bone White	enlertinc.com/metal roofing
Peterson/Pac-Clad	Bone White	pac-clad.com/specs/color
Ryerson/AlumaKlad	Regal White	
Sheffield	Regal White	sheffieldmetals.com
Metal Alliance	Regal White	
Metal Sales	White & Polar White	
Gulf Coast	Regal White & Solar	
White Integrity Metals Solar	White & Regal White	

ROOFING CONTRACTOR CONFIRMS THEIR INSTALLATION WILL CONFORM TO THE ABOVE STANDARDS:

Signature of Roofing Contractor

Date

Print Homeowner Name

Date

Signature

Property Address