

Harbour Oaks Homeowners Association, Inc.

~ Architectural Review Application ~

Please be advised that if the alteration is to be a structural modification or the construction of it will result in modification to the structural integrity or the building, a certified report from a registered engineer that the design in no way alters or affects the structural integrity of the building must be submitted with the plans. The cost of the report will be borne by the owner of the property. The Architectural Review Board (ARB) reviews the right to charge for outside consultant services and for the ARB's review.

LIMITATION OF RESPONSIBILITY

The primary goal of the committee is to review the application (plans and specifications) submitted to determine if the proposed modification/alteration complies with the deed restrictions and to determine if the proposed modification/alteration conforms in appearance with the standards and policies as set forth by the Homeowners Association, Inc. Declaration of Covenants, Conditions and Restrictions in regards to the ARB. The respective authorities DO NOT review and ASSUME NO responsibility for the following:

1. The structural adequacy, capacity or safety features of the proposed modification.
2. Whether or not the location of the proposed modification/alteration on the building site is free from possible hazards from flooding, or from any other possible hazard whether caused by conditions occurring with, upon, or off the property.
3. Soil, erosion, incompatible or unstable soil conditions.
4. Mechanical, electrical or any other technical design requirements or governmental laws, regulation, codes or ordinances.
5. Compliance with any and all building codes, safety requirements or governmental laws, regulations, codes or ordinances.
6. Performance of quality of work of any contractor.

I understand the ARB approval for requested changes to my home does not at any time waive my responsibility to obtain or in any way substitute for a mandatory building permit from the proper governmental departments, nor does it in any way guarantee the workmanship or quality of the requested work.

The ARB, in granting approval for the construction of said modification, and the Board of Directors of your Association stipulate that the present owner and any and all subsequent owners shall be responsible for insurance, maintenance, cleaning and any and all other related costs of repairs of services to the modification and agree the Association and the Developer shall not be responsible for same.

The ARB and the Board of Directors of your Association suggest the owners of the property provide adequate homeowners insurance to cover modifications of the unit, and in the event of disaster or act of God to be caused by or to the modification, the owner, and any and all subsequent owners shall hold the Association and Developer harmless.

OWNERS SIGNATURE _____ **DATE** _____

BOARD/ARC APPROVAL _____ **DATE** _____

Harbour Oaks Homeowners Association, Inc.

ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION
FOR MODIFICATION/ALTERATION APPROVAL

INSTRUCTIONS FOR FILING REQUEST

1. Complete and **sign** the application. Do not leave any spaces blank.
2. Attach a **\$50.00** check for processing made payable to Harbour Oaks HOA (waived for satellite dish approvals).
3. Submit **TWO (2) SETS OF PLANS FOR EACH ALTERATION OR CHANGE.**
4. Structural modifications on all additions **must** include a current survey showing the exact position of the addition, landscape, etc.
5. Paint samples must be large enough to determine actual paint color.
6. Any incomplete package **will** be returned to owner with a request for all the proper documents.
7. Management will notify you in writing of your Board of Directors' decision.
8. It will take approximately two (2) weeks to process the application.

PLEASE PRINT OR TYPE

NAME:

ADDRESS:

PHONE DAY:

NIGHT:

GENERAL DISTRIBUTION OR MODIFICATION/ALTERATION:

**THE FOLLOWING INFORMATION MUST BE PROVIDED WITH REGARDS TO THE
CONTRACTOR WHO WILL PERFORM THE MODIFICATION/ALTERATION**

CONTRACTOR NAME:

ADDRESS:

TELEPHONE #:

TENTATIVE COMMENCEMENT AND COMPLETION DATES:

**PLEASE INCLUDE PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE
AND A COPY OF CONTRACTOR'S LICENSE**

Please return completed application to:

Harbour Oaks HOA

c/o Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109, Palm Beach Gardens, FL 33403

561-624-5888 / 561-624-5827~fax