

# Devonaire Condominium at Pembroke Pines Condo Association

## **ARCHITECTURAL MODIFICATION APPLICATION CHECKLIST**

Unit Number: \_\_\_\_\_ Unit Owner's Name: \_\_\_\_\_  
Contractor Company: \_\_\_\_\_

### **PLEASE ATTACH THE FOLLOWING DOCUMENTS, COMPLETED FORMS AND MATERIAL WITH THE APPLICATION FOR B.O.D APPROVAL, PRIOR TO APPLYING FOR PERMIT**

#### Association Forms:

- Application for Architectural Modification
- Notice of Acceptance of Standards For Control of Sound Transmission and Impact Isolation (Floor Coverings)
- Approval for Hard Flooring Installation
- Release, Indemnification & Hold Harmless Agreement for Work in Unit
- Acknowledgement of Contractor License and Insurance Requirements
- Acknowledgement of Contractor Regulations
- Disclaimer on Post Tension Construction
- Access Authorization
- Bib Installment agreement for balcony

#### Additional Requirements:

- Sample of Flooring and Soundproofing
- Data Sheet for Soundproofing and/or Waterproofing
- Contractor License
- Contractor Workers Compensation
- General Liability Insurance
- Driver's License with Picture of Contractor
- [Not required by Association]** Broward County Contractor Registration & Authorization Pick-up Application
- City of Pembroke Pines Building Permit Application
- Warranty Deed [*management office will provide*]
- Floor Plan [*management office will provide*]
- Common Area Damage Deposit \$750.00 refundable fee (check only; made payable to Devonaire Condominium)

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### **This Section for Office Use Only**

#### **DATES:**

- o Received all the above on: \_\_\_\_\_
- o **B.O.D.**
  - Forward to: \_\_\_\_\_
  - Received back: \_\_\_\_\_
- o Made copy of the packet: \_\_\_\_\_  
**[For contractor/owner original of packet: Exclude Access Authorization form, checks and sample of soundproofing]**  
**[For Assoc. cop.: remember to Attach sample of soundproofing (if applicable) with the packet]**
- o Packet picked up: \_\_\_\_\_
- o **PERMIT**
  - Application process number: \_\_\_\_\_
  - OPENED: \_\_\_\_\_ [Received on: \_\_\_\_\_]
  - CLOSED: \_\_\_\_\_

# Devonaire Condominium at Pembroke Pines Condo Association

## APPLICATION FOR ARCHITECTURAL MODIFICATION

DATE: \_\_\_\_\_

UNIT #: \_\_\_\_\_

UNIT OWNER(S) (APPLICANT): \_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_

MODIFICATION BEING REQUESTED: (Please describe in detail. Include material, color, size / dimensions or areas involved.)

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All contractors are responsible for removal of all construction related debris from the property. Upon approval, remember to schedule with the **Management Office** in advance for the installation date(s).

**THE ARCHITECT'S PLANS, DRAWINGS, MATERIAL SPECIFICATIONS, AND COPIES OF THE CONTRACTOR'S CURRENT LICENSE, WORKERS COMPENSATION AND CERTIFICATE OF INSURANCE LISTING THE DEVONAIRE CONDOMINIUM AS THE ADDITIONAL INSURED AND/OR CERTIFICATE HOLDER MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED. UPON ASSOCIATION APPROVAL, COPIES OF BUILDING PERMITS FROM THE CITY OF BROWARD MUST BE PROVIDED PRIOR TO COMMENCING WORK.**

I / We hereby make application to Devonaire Condominium at Pembroke Pines Condo Association, Inc. for the above described item to be approved in writing.

I / We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification / installation are done without the approval of the Association, the Association may force the removal of the modification / installation and subsequent restoration to original form at my expense.

\_\_\_\_\_  
Unit Owner Signature(s)

\_\_\_\_\_  
Date

### **This Section for Office Use Only**

Application Approved

Application Denied

\_\_\_\_\_  
Board Approval

\_\_\_\_\_  
Date

# Devonaire Condominium at Pembroke Pines Condo Association

## **NOTICE AND ACCEPTANCE OF STANDARD FOR CONTROL OF SOUND TRANSMISSION AND IMPACT ISOLATION (FLOOR COVERINGS)**

Pursuant to the Declaration of Condominium for the Devonaire Condominium at Pembroke Pines, A Condominium ("Declaration"), hard and/or heavy surface floor covering, including, without limitation, tile and wood, cannot be installed in any part of a condominium unit, without the prior approval and consent of the Devonaire Condominium at Pembroke Pines Condominium Association, Inc. ("The Association".)

The Association shall not approve the installation of any hard and or heavy surface floor coverings unless the aggregate sound isolation and acoustical treatment carries a **minimum Sound Transmission Classification (STC) of 57 and a minimum Impact Transmission Classification (ITC) of 57 on an eight (8) inch slab.** The unit owner shall install the foregoing insulating materials in a manner that provides proper mechanical isolation of the floor coverings from any rigid part of the building structure, whether of the concrete sub-floor (vertical transmission) or adjacent walls and fittings (horizontal transmission).

If any installation of hard and/or heavy surface floor covering shall be made in violation of these standards, the Association shall have the immediate right to prohibit any further installation or, if already installed, require that the floor coverings be removed at the unit owner's expense and replaced with floor coverings and sound insulation meeting the above described standards. Compliance with such standards is mandatory under the Declaration, and shall be enforced for the benefit of all the unit owners in the building. Compliance may be enforced by the Association in the Circuit Court in and for Pembroke Pines — Broward County, Florida by an action seeking injunctive relief or specific performance. The undersigned acknowledges such rights and submits to the jurisdiction of the Broward County Circuit Court for the enforcement of the standards described above. In the event that a judicial proceeding shall be necessary, the Association's costs to make the required corrections and the Association's reasonable attorneys' fees (including trial and appellate fees) and court costs shall be charged against the unit owner and such amount shall be secured by lien in favor of the Association against the condominium unit and shall be enforceable in accordance with the terms of the Declaration.

A copy hereof shall be maintained in the Association's records and may be used in any enforcement proceedings of the condominium documents. No proposed transfer of title or lease of the condominium unit shall be approved unless the intended transferee or lessee shall have signed a copy of this Notice acknowledging the receipt hereof and such transferee's or lessee's agreement to abide by and bound by the terms hereof.

The undersigned hereby acknowledges receipt of the forgoing notice and agree(s) to abide by and be bound by the terms hereof.

Unit Number \_\_\_\_\_

\_\_\_\_\_  
Unit Owner Name(s) (print)

\_\_\_\_\_  
Unit Owner Signature(s)

\_\_\_\_\_  
Date

# Devonaire Condominium at Pembroke Pines Condo Association

## APPROVAL FOR HARD FLOORING INSTALLATION

Unit #: \_\_\_\_\_

Unit Owner(s): \_\_\_\_\_

Scheduled Installation Date: \_\_\_\_\_

### ***Contractor / Installer***

Company: \_\_\_\_\_

Contract: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Type of Hard Flooring Installation: \_\_\_\_\_

Type of Sound Insulation / Isolation: \_\_\_\_\_

**STC Rating:** \_\_\_\_\_ **ITC Rating:** \_\_\_\_\_

**(STC 57 and ITC 57 ratings must be supported with documented data sheet on sound testing. In addition, a sample of the soundproofing material must be supplied accompanying this paperwork. The Management Office must be notified when the soundproofing installation is completed so that we may inspect and take a picture of the installed areas for future reference.)**

Location where floor will be installed: square footage and type of hard flooring:

Bedroom (Master)	Footage: _____	Type: _____
Bedroom (Second)	Footage: _____	Type: _____
Bedroom (Third)	Footage: _____	Type: _____
Den:	Footage: _____	Type: _____
Kitchen:	Footage: _____	Type: _____
Foyer:	Footage: _____	Type: _____
Dining:	Footage: _____	Type: _____
Living:	Footage: _____	Type: _____

**Any balcony hard flooring installation requires the Association approved waterproofing product applied to the slab prior to installation. This application must be made in accordance with the manufactures instructions Also, a Bib protection is required to be installed around the balcony.**

Balcony: Footage: \_\_\_\_\_ Type: \_\_\_\_\_

\_\_\_\_\_  
Contractor / Installer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Owner Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval

\_\_\_\_\_  
Date

# Devonaire Condominium at Pembroke Pines Condo Association

## **RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT** **FOR WORK IN THE UNIT**

*This Release, indemnification and Hold Harmless Agreement ("Release") is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the undersigned Owner(s) or Lessee(s) of UNIT \_\_\_\_\_ located at the DEVONAIRE CONDOMINIUM AT PEMBROKE PINES.*

**Whereas**, the Association will permit the undersigned to engage contractors and vendors (including all those working by, through, or under them, the "Personnel") to perform work within the undersigned's unit subject to the terms and conditions set forth hereinafter. The contractor must submit a current certificate of insurance for general liability insurance with limits of at least \$500,000.00 and THE DEVONAIRE CONDOMINIUM AT PEMBROKE PINES CONDOMINIUM ASSOCIATION, INC., as an additional named insured; a current certificate of applicable Workers Compensation Insurance will be required; a copy of applicable licenses and required permits.

**Now, Therefore**, in consideration for being permitted the benefit of allowing the personnel to perform work within the undersigned's unit and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned specifically agree to the following:

1. The above recitals are true and correct and are incorporated herein by reference.
2. The undersigned acknowledges and agrees that the work performed by such personnel, contractor or vendor within their unit shall be at the undersigned's sole risk and the Association shall not have any responsibilities or liability for the work performed by such personnel, contractor or vendor and further acknowledge that the Association has made no representations regarding the contractor or vendor's ability or qualifications to perform the work.
3. The undersigned (jointly and severally of more than one) hereby release, indemnify and hold harmless the Association and its directors, officers, agents and employees, lessees, guest and invitees and all member of the Associations from and against all claims, damages, losses and expenses including attorney's fees, at both the trial and appellate level, arising out of or resulting from the contractor or vendor's entry to the undersigned's unit and the work performed by, through or under them. This indemnification shall extend to all claims and damages, including consequential damages, losses and expenses attributable to bodily injury, death, and to damages, theft or injury to and destruction of real or personal property including loss of use resulting therefore arising out of or resulting from the work performed by the contractor or vendor and entry into the undersigned's Unit.
4. We have read this release and understand and agree to all of its terms. We execute it voluntarily and with full knowledge of its significance.

**IN WITNESS WHEREOF**, The undersigned have executed this Release the day and year set forth above.

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Unit Owner Name(s)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Unit Owner Signature(s)

STATE OF FLORIDA/COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

and \_\_\_\_\_ He/She/They (who is/are personally known to me (who has/have produced  
\_\_\_\_\_ as identification) and did/did not) take an oath.

Notary Public Signature: \_\_\_\_\_

# Devonaire Condominium at Pembroke Pines Condo Association

## **ACKNOWLEDGEMENT OF CONTRACTOR LICENSE** **AND INSURANCE REQUIREMENT**

All contractors must provide to the Association proof of State, County, or City, required licensing and a Certificate of Insurance prior to commencement of work.

Prior to commencement of construction on the Unit owner's construction project, the Unit owner shall ensure that all of their contractors have in force and have agreed to continuously carry during the period of construction, comprehensive general liability insurance with Contractor General Liability coverage in the minimum amount of ***Five Hundred Thousand Dollars (\$500,000.00)***. Comprehensive Auto Liability Insurance in the minimum amount of ***Five Hundred Thousand Dollars (\$500,000.00)*** combined single limits and Workers Compensation Insurance as required by State Law. ***The comprehensive general liability insurance policy and the comprehensive auto liability shall name THE DEVONAIRE CONDOMINIUM AT PEMBROKE PINES CONDOMINIUM ASSOCIATION, INC. and the Unit Owner as additional insured as their interest appear.***

All of the Unit Owner's contractors shall furnish to the Association written proof of the insurance coverage's in the form of insurance certificates in a form satisfactory to the Association. A minimum of 30 days "Notice of Cancellation" to the Association is required and this shall be set forth in the certificate.

In the event that any of the Unit Owner's contractors fail to have at the time of the commencement of construction and continuously carry during the course of the performance of their work at the Condominium premises, the insurance hereon provided, and should damage, loss, personal injury or death occur, which would have been covered by said insurance, the Unit Owner shall be deemed liable to the Association for any losses or damages which the Association incurs by reason of the failure of the Unit Owner's contractors to have the required insurance in place.

All contractors, their employees and vendors must leave a valid form of government issued identification at the Management Office and display on their person an Association issued identification badge at all time while on the property.

I am aware of the DEVONAIRE CONDOMINIUM AT PEMBROKE PINES CONDOMINIUM ASSOCIATION, INC. Contractor requirements and agree to abide and enforce them with my contractors.

Unit Number \_\_\_\_\_

\_\_\_\_\_  
Unit Owner Name(s) (print)

\_\_\_\_\_  
Unit Owner Signature(s)

\_\_\_\_\_  
Date

# Devonaire Condominium at Pembroke Pines Condo Association

## **ACKNOWLEDGEMENT OF CONTRACTOR REGULATIONS**

### **Acknowledgement by Unit Owner:**

I/We acknowledge receipt of the "Contractor Regulations" and understand that as Unit Owner, I/we am/are liable for the expense of fines, damages, repairs, and other related expenses, etc. due to negligence by my/our agents, employees. I/We hereby agree to comply with all of the previously stated Regulations and to cause my contractors and their subcontractors and vendors and all of their employees and agents to comply with these Regulations.

Unit Number \_\_\_\_\_

\_\_\_\_\_  
Unit Owner Name(s) (print)

\_\_\_\_\_  
Unit Owner Signature(s)

\_\_\_\_\_  
Date

### **Acknowledgement by Contractor:**

The undersigned contractor(s) which shall be performing work on Unit \_\_\_\_\_ hereby agrees as a condition of entry to the DEVONAIRE CONDOMINIUM AT PEMBROKE PINES Property and to the aforementioned Unit, to strictly comply with, the above stated regulations which the undersigned acknowledges that has been carefully read and fully understood.

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Authorize Company Agent (print)

\_\_\_\_\_  
Authorize Company Agent Signature

\_\_\_\_\_  
Date

### **STATE OF FLORIDA COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_  
and \_\_\_\_\_ He/She/They (who is/are personally known to me (who has/have  
produced \_\_\_\_\_ as identification) and did/did not) take an oath.

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# Devonaire Condominium at Pembroke Pines Condo Association

## **DISCLAIMER ON POST TENSION CONSTRUCTION**

In as much as the condominium has been constructed with post tension cables, absolutely no penetration shall be made to any floor, roof, or ceiling slabs without the prior written consent of the Board of Directors and review of the as-built plans and specifications for the building to confirm the approximate location of the post tension cables.

The Association shall maintain the plans and specifications for the building as part of its official records. Each Unit Owner, by accepting a deed or otherwise acquiring title to a Unit shall be deemed to: (I) have assumed the risks associated with post tension construction and (II) agree that the penetration of any post tension cables may threaten the structural integrity of the building.

Each Owner shall be deemed to have released Developer, Declarant, its partners, contractors, architects, engineers, and its officers, directors, shareholders, employees, and agents from and against any and all liability that may result from penetration of any of the post tension cables.

Unit Number \_\_\_\_\_

\_\_\_\_\_  
Unit Owner Name(s) (print)

\_\_\_\_\_  
Unit Owner Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor / Installer Name (print)

\_\_\_\_\_  
Contractor / Installer Signature

\_\_\_\_\_  
Date



# Devonaire Condominium at Pembroke Pines Condo Association

## UNIT ACCESS AUTHORIZATION GUESTS and CONTRACTORS

\_\_\_\_\_, owner of Unit number \_\_\_\_\_, hereby  
authorize the following person(s) to enter my Unit, effective the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
This authorization is valid until the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

THIS IS TO AUTHORIZE AND REQUEST you to grant access to the above-described Unit in DEVONAIRE  
CONDOMINIUM AT PEMBROKE PINES to the person(s) named below. [Note: if you wish to authorize access  
to your unit during an absence from the property, use this form to designate such authorization]

**(Please print clearly)**

■ **Name / Company:** \_\_\_\_\_

**Description (friend/family/contractor):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Purpose of Access (for our information only):** \_\_\_\_\_

■ **Name / Company:** \_\_\_\_\_

**Description (friend/family/contractor):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Purpose of Access (for our information only):** \_\_\_\_\_

In giving this authorization and request, the undersigned ACKNOWLEDGES AND AGREES:

- a. Although the purpose(s) of the entry is stated below (for information only), **The Devonaire Condominium at Pembroke Pines Condominium Association, Inc.** is not responsible to see to such purpose(s) being fulfilled nor for limiting access to the accomplishment of such purpose(s). A key or other mode of granting access to the unit must be provided by the unit owner or resident to the guest;
- b. **The Devonaire Condominium at Pembroke Pines Condominium Association, Inc.** is not responsible in any manner for supervising, observing or controlling the conduct of the person(s) to whom access and/or the key was given, and;
- c. The undersigned agrees to fully indemnify and hold harmless **The Devonaire Condominium at Pembroke Pines Condominium Association, Inc.** and all of your officers, directors, members, employees and agents including, without limitation, **The Devonaire Condominium at Pembroke Pines Condominium Management Company** and Security company and their officers, directors and employee(s), whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorneys fee and court costs regardless or whether suit is brought or any appeal is taken there from).

Unit Owner Name(s) (print) \_\_\_\_\_

\_\_\_\_\_ Date

Unit Owner Signature(s) \_\_\_\_\_

\_\_\_\_\_ Date