

BOCA TEECA CONDOMINIUM NO. 9, INC.

ARCHITECTURAL MODIFICATION FORM ARCHITECTURAL REVIEW BOARD

OWNER NAME(S): _____

ADDRESS: _____ UNIT NO.: _____

PHONE NUMBER: _____ PHONE NUMBER 2: _____

EMAIL(S): _____

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described and depicted below and/or on additional pages as necessary. Please include details such as the dimensions, materials, color, design, location, specs, and any other pertinent data. A copy of the vendors licenses and insurance is required to accompany the application. Please see the details required for insurance.

MODIFICATION DESCRIPTION:

I understand and will comply to:

1. If the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. That I/We are responsible for paying/repairing any and all damages done to the common areas as a result of the installation.
3. To comply with the status, county or city building codes and obtain all necessary permits if applicable.
4. To abide by the decision of the ARB or the Board of Directors.
5. If the modification is not approved or does not comply, I/we may subject to court action by the Association and I/We shall be responsible for all reasonable attorney's fees.
6. If the Association incurs an expense while considering the application, with an outside profession (such as a licensed architect), the applicant will be responsible for said fee.
7. I/We acknowledge that approval of this request must be granted before work on the modification may commence.
8. I/We have completed this application and included all requested documents for it to be considered complete and ready for review.

Signature of Owner

Date

BOCA TEECA CONDOMINIUM NO. 9, INC.

PLEASE NOTE: ITEMS TO INCLUDE

It is the sole responsibility of the owner to ensure that the submitted package is complete. The following items must be included with your application to be considered for approval. If any items are missing the package is considered incomplete and will not be reviewed by the Committee or Board of Directors.

- **ARCHITECT'S PLANS/ DRAWINGS** (if applicable) & **BOUNDARY SURVEY** (if exterior unit)
- **SAMPLES OF MATERIALS** (actual material, where feasible, as well as paint chip or color swatches)
- **COPY OF CONTRACTORS' LICENSE & INSURANCE** (See below for details)
- **MUNICIPAL BUILDING PERMITS MUST BE SUBMITTED FOR THE FOLLOWING TYPES OF WORK**
 - Examples: (Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters, Roofing, Floor Installation with need for Sound Proofing)
 - The issuance of the permit does not relieve the property owner from obtaining the Association's approval and in no way authorizes work that is in violation of any Association Rule & Regulation.
- **\$25 NON-REFUNDABLE PROCESSING FEE** made payable to GRS Community Management. Money Order or Cashier's Check only.
- **\$500 REFUNDABLE DEPOSIT** made payable to Boca Teeca Condominium No. 9, Inc. Monday Order or Cashier's Check only.

CONTRACTOR/VENDOR LICENSE AND INSURANCE AUTORIZATION

To protect yourself and Boca Teeca Condominium No. 9 Inc., from liability exposure, all contractors doing Work in your apartment (decorators, flooring companies, etc.) must be licensed and insured. A copy of each of the following must be on file with the Association/included in this application, prior to the contractor commencing work.

- Current Certificate of Insurance for General Liability Insurance with limits of at least \$1,000,000.00 and the Association as an Additional Named Insured and as a Certificate Holder.
- Insurance - Certificate Holder Must State
Boca Teeca Condominium No. 9 Inc.
c/o GRS Community Management
3900 Woodlake Blvd. Suite 309 Lake Worth, FL 33463
- Current Certificate of Applicable Worker's Compensation and Boca Teeca Condominium No. 9 Inc. on the Certificate
- License and applicable permits in accordance with Association and City County State Regulations

SUBMITTING APPLICATION

Please submit your application to the Associations Office, located on the first floor of 198 NW 2nd Ave. to the property manager at ckorpi@grsmgt.com. Once an application has been reviewed and approved/denied, the owner will be notified.

I/We have read the above requirements and confirm that the application is complete, with all included documents.

Signature of Owner

Date

ARB/BOARD OF DIRECTORS USE ONLY

This architectural modification application has been reviewed and is:

Approved

Approved; Subject to notes

Denied

Notes/Explanation:

Signature of ARB/Board Member/Management

Date