

Isles of Boca Association, INC. (Section 1 or 2)

Architectural Review Application

Return completed forms to GRS Community Management, 3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463

DIRECTIONS – Please follow the directions provided prior to submitting to avoid delays in processing.

Fill out the application in its entirety, and sign all (4) four pages of the required forms.

- **\$25 processing fee paid to GRS Community Management. Cashier check or Money Order only.**
- Attach sub-contractors Insurance (Naming: Isles of Boca Association, Inc. as additionally insured)
- Attach sub-contractors copy of business license (and) proof of workers compensation.
- No repairs or work is permitted on Sunday or Holidays.
- Work may be conducted only Monday-Saturday between the hours of 8:00am – 5:00pm.
- Each day, workmen and contractors are required to clean up their work area before leaving and all debris is to be removed from the property.
- No improper, offensive, hazardous or unlawful use shall be made of the Condominium Property.

INFORMATION:

Owner(s) Name: _____ Address: _____

Phone Number: _____ Email: _____

BRIEF DESCRIPTION: Please give a description of the alteration, improvement, addition, or other changes you would like to make to the exterior of your home. Please include such details as dimensions, materials, color(s), design, location, and other pertinent data.

PLEASE NOTE: 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. The OWNER also acknowledges that the management company, GRS Community Management, is also not responsible for incomplete packages. The owner is responsible for submitting completed packages and the Association is NOT responsible for providing and approval/disapproval within the required time frame of any incomplete packages.

I / We hereby make application to Isles of Boca Association (Section 1 or 2) 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 is done without the approval of the Association, the Association may require the removal of the modification/installation and subsequent restoration to original form at my expense.

Applicant

Date

Applicant

Date

Isles of Boca Association, Inc. (Section 1 or 2)

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Application Checklist

To protect yourself and Isles of Boca Association (Section 1 or 2), from liability exposure, all contractors doing Work in your apartment (i.e. – decorators, flooring companies, etc.) must be licensed and insured. A copy of each of the following must be on file with the Management Office, prior to the contractor commencing Work.

PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:

_____ Copy Current Certificates of Insurance for General Liability with limits of at least \$1,000,000.00 and the Association as an **Additional Named Insured and as a Certificate Holder**. See below for details

- a. Insurance - Certificate Holder Must State
 - i. Isles of Boca Association, Inc. (Section 1 or 2)
 - ii. C/o GRS Community Management
 - iii. 3900 Woodlake Blvd. Suite 309 Lake Worth, FL 33463

_____ Copy of Current Certificate of Applicable Worker’s Compensation and Isles of Boca Association (Section 1 or 2) on the Certificate as listed above.

_____ Copy of Current Contractors business license (State and/or County applicable)

_____ License and applicable permits in accordance with Association and City County State Regulations

- **PLEASE NOTE THAT ANY SUBCONTRACTOR USED TO COMPLETE THE PROJECT MUST ADDITIONALLY PROVIDE INFORMATION FOR LICENSE & INSURANCE OR THE GENERAL CONTRACTOR MUST SHOW PROOF OF INSURANCE COVERING THE SUBCONTRACTOR.**
- All required permits must be submitted with ARC Package (as applicable per city/county regulation) and posted prior to commencement of Work.

_____ Plans, elevations, or detailed sketches

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ISLES OF BOCA ASSOCIATION, INC.

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HOMEOWNERS AFFIDAVIT

I have read, understand, and agree to abide by the Covenants and Restrictions of the Association. In return for approval, I agree to be responsible for the following:

- All losses caused to others, including common areas, because of this undertaking, whether caused by me or others.
- To comply with all state and local building codes.
- Any encroachment(s).
- To comply with the conditions of acceptance (if any).
- To complete the project according to the approved plans. If the modification is not completed as approved, said approval will be revoked and the modification shall be removed by the owner at the owner's expense.
- The homeowner is responsible for ensuring that all areas affected by the project construction (i.e., landscaping, irrigation, common areas, sidewalks, etc.) are restored to their original condition. The homeowner will be notified of any deficiencies in writing and will be asked to correct any damage. Failing to do so and the homeowner will be held responsible for all costs necessary for the COA to properly restore the area.
- I also understand that the ARC or BOD does not review and assumes no responsibility for the structural adequacy, capacity or safety features of the proposed construction, alteration, or addition, or for performance, workmanship, or quality of work of any contractor or of the completed alteration or description.

I agree to abide by the decision of the Architectural Control Committee or Board of Directors. If the modification is not completed as approved, within 90 days, with the specifications submitted in this application and I refuse to correct or remove the modification, I may be subject to legal action by the Association. In such an event, I shall be responsible for all reasonable attorneys' fees.

MULTIPLE SIGNATURES REQUIRED IF THE UNIT IS OWNED BY MORE THAN ONE PERSON.

Unit Owner Signature: _____ Date: _____

Unit Owner Signature: _____ Date: _____

Do Not Write Below This Line

_____ Approved by the Architectural Control Committee
_____ Approved, subject to the following conditions: _____
_____ Deferred, due to the following missing information: _____
_____ Denied, not approved for the following reason:

By: _____ Date: _____
Signature of ARC Committee Member of BOD Member

ISLES OF BOCA ASSOCIATION, INC.

Architectural Review Application

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This Release, indemnification, and Hold Harmless Agreement (“Release”) is executed by the undersigned Owner(s)

on Date: _____ and Address: _____

located in the Isles of Boca Association (Section 1 or 2) (hereinafter referred to as the “Association”).

Whereas the Association will permit the undersigned to engage contractors and vendors (including all those Working by, though, 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 **\$1,000,000.00** and **Isles of Boca Association (Section 1)** and 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 acknowledge that the Work performed by such Personnel 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 and further acknowledge and agree that the Association has made no representations regarding the Personnel’s ability or qualifications to perform the Work.
3. The undersigned acknowledges and agrees that the Work performed by such contractor or vendor within their Unit shall be at the undersigned’ sole risk and the Association shall not have any responsibilities or liability for the Work performed by such 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.
4. 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, guests and invitees and all members 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 our 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 arising out of or resulting from the Work performed by the contractor or vendor and entry into the undersigned’s Unit.
5. We have read this Release and understand and agree to all its terms. We execute it voluntarily and with full acknowledgement of its significance.

MULTIPLE SIGNATURES REQUIRED IF THE UNIT IS OWNED BY MORE THAN ONE PERSON.

Unit Owner Signature: _____ Date: _____

Unit Owner Signature: _____ Date: _____