



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fax: (561) 641-9448

WELLINGTON SHORES ASSOCIATION, INC.
REQUEST FOR ARCHITECTURAL CONTROL MODIFICATION APPLICATION

Unit Owner Name(s): _____ Application No.: _____

(ACC Use Only)

Address: _____ Lot No.: _____

Contact Telephone No.: _____ Email Address: _____

Application and/or ancillary documents are to be submitted via email, mail or hand-delivery to GRS at the address indicated above.

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

Use page three (3) to 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. ***(Fees and/or deposits may be required by the Association depending on the project).***
2. Copy of contractor proposal and sketch of work to be performed and a picture of area, prior to modification.
3. Copy of contractor's liability and/or occupational insurance certificate naming, 'Wellington Shores Association, Inc.' ❖ 'GRS Community Management' ❖ 'Homeowner', as the **Certificate Holder** and as **Additional Insured** and a copy of Workman's Compensation Insurance Certificate.
4. 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 picture of existing conditions (area of work) to be changed and/or modified.
3. A sample of the type and texture of any building materials that may be used on the unit's exterior.
4. Any other materials or information that may assist in the Association's evaluation of the project.
5. Copy of lot site survey indicating location of changes or modifications.
6. ***All exterior house painting projects must be completed within 90 days of approval and all exterior house structural projects must be completed within 180 days of approval.***
7. ***All exterior modification descriptions inclusive of house paint colors, landscaping, storm shutters, windows, fencing, roof, etc... must be indicated in detail on Page 3 of the application; failure to do so will result in the application being returned to the applicant and may delay to the review and approval process by the Committee.***
8. ***If approved projects are not completed within allotted timeframe, original application(s) will become 'null and void.' Residents will need to re-apply for approval.***

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 assume 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 THIES ADDITION OR CHANGE.

Please note modification applications will not be accepted for consideration for approval should there be any pending unresolved violations on the property, or the homeowner is in arrears of monthly maintenance fees.

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 and Village 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: _____

◆◆◆ **APPLICATION WORKSHEET** ◆◆◆

Painting **house exterior**, please complete the following: **Paint Color & Code:**

House Exterior Walls: _____; Shutters *(If Applicable)*: _____

Trim: _____; Gutters: _____; Downspouts: _____

Doors:

Front: (Painted) _____; Front: (Custom) _____

Rear: (Painted) _____; Rear: (Custom) _____

Side: (Painted) _____; Side: (Custom) _____

Garage Door(s): (Painted) _____; Faux: (Color) _____

When **replacing, adding and/or removing landscaping**, please complete the following:

Type of work to be done: _____

Name of trees, bushes, hedges and/or flowers, etc., to be planted: (Indicate placement on property survey, which is to be attached)

Name of 'Hardscape' (man-made and/or natural made features used in landscape architecture, e.g. paths or walls, as contrasted with vegetation) to be used: (Indicate placement on property survey, which is to be attached)

Windows; Storm Shutters; Fencing & Other Exterior Modifications Not Named: (Indicate placement on property survey, which is to be attached)

Roof Replacement: (2-3 sample tiles are to be left leaning against front or side wall of house)

Tile Manufacturer _____

Tile Profile (Style): _____

Tile Product Code Number: _____ Tile Color: _____



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OWNER'S COMPLETION NOTICE FORM

Dear Homeowner,

Your Architectural Control Modification Application has been approved. When all modifications and/or alterations have been completed; please complete the below sections and submit via USPS at the address above or via email to residentservices@grsmgt.com.

Thank you for your cooperation.

Unit Owner Name(s): _____

Address: _____ Lot No.: _____

Contact Telephone No.: _____ Email Address: _____

Describe Alteration Completed:

Date of Completion: _____

Unit Owner Signature: _____

Final Inspection Date: _____

Committee Signature: _____

Final Inspection Date: _____

Committee Signature: _____