



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

**VILLA FLORA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.  
REQUEST FOR ARCHITECTURAL CONTROL COMMITTEE APPLICATION**

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

Address: \_\_\_\_\_ Unit/Lot No.: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Application, fees and documentation are to be submitted via mail or hand-delivery to GRS at the address indicated above.**

**Modification to be completed by: \_\_\_\_\_ Homeowner or \_\_\_\_\_ Licensed Contractor**

**Describe in detail the changes and/or modifications for which you are seeking approval.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete and sign this form and attach the following information, if applicable.**

1. **Refundable Security Deposits** required by the Association must be payable to the Association in the form of a check or money order. *1) House Addition, pavers/driveway/walkway installation, swimming pool or spa installation or roof replacement = deposit of \$1250.00 or 2) Any landscaping project, tree removal/replacement, or single door/window = deposit of \$250.00.*
2. Copy of contractor proposal and sketch of work to be done.
3. Copy of contractor's occupational license.
4. Copy of contractor's liability and/or occupational insurance certificate naming 'Villa Flora at Boca Pointe Homeowners' Association' (at the above referenced address) as the **Certificate Holder** and **as Additional Insured** and a copy of Workman's Compensation Insurance Certificate.
5. 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 sample of the type and texture of any building materials that may be used on the unit's exterior and/or interior.
3. Any other materials or information that may assist in the Association's evaluation of the project.
4. Copy of lot site survey or floor plan indicating location of changes or modifications.

**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 and work may NOT commence prior to 8:00 a.m. or after 5:00 p.m. Work on the weekend is permitted from 9:00 a.m. to 5:00 p.m. providing no noise is audible beyond the home/property where the work is being performed. Contractors may not work on 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 THIS ADDITION OR CHANGE.

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

**REQUEST FOR MODIFICATION:**

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved, with Conditions      \_\_\_\_\_ Denied (*Not Approved*)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Security Deposit Included: \_\_\_\_ Yes / \_\_\_\_ No      Amount: \$ \_\_\_\_\_      Check No: \_\_\_\_\_

**RE: CODES**

Please be advised this Request for Modification approval is subject to County 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: \_\_\_\_\_