

SEASONS HOMEOWNER'S ASSOCIATION INC.
REQUEST FOR ARCHITECTURAL REVIEW

Directions:

1. Fill in request information. 2. Sign form. 3. Remove last page and serve remaining copies along with required attached to:

GRS Management Associates Inc.
3900 Woodlake Blvd Suite 309
Lake Worth FL 33463
(561)641-8554 FAX: (561)641-9448

ASSOCIATION NAME: _____ DATE: _____

OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

HOME #: _____ WORK # _____ CELL #: _____

- A. **Brief description:** In the space below give a brief description of the alteration, improvement, addition or other change you would like to make to the exterior of your unit (to avoid delays, be as clear as possible):
- B. Attach to this application the following checked items:

- | | |
|--|---|
| <input type="checkbox"/> SURVEY/PLOT PLAN showing the location of the improvement. | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> PLAN, ELEVATIONS or DETAILED SKETCH | <input type="checkbox"/> PAINT COLOR CHIP |

HOMEOWNER'S AFFIDAVIT

I have read The Covenants and Restrictions of my Community Association and agree to abide by them. I understand and, in return for approval, I agree to be responsible for the following:

- For all losses caused to others as a result of this undertaking whether caused by me or others.
- To comply with all local building codes or permits requirements.
- For any encroachment (s)
- To comply with conditions of acceptance (if any).
- To complete the project according to the approved plans.

Signed _____
(Homeowner)

Date _____

Master
Assoc.

- APPROVED** by the Association
- APPROVED** * Subject to the following conditions: _____
Project MUST begin within _____ days.
and to be completed in _____ days.
- INSUFFICIENT INFORMATION**
Resubmit on a new form. Be sure to include the following _____
- NOT APPROVED** _____

By: _____ Date: _____

By: _____ Date: _____

**REQUEST FOR ALTERATION REVIEW
SEASONS HOMEOWNER'S ASSOCIATION, INC.**

Please Complete The Following

Name: _____
Address: _____
Lot number _____
Telephone Home _____ Work _____ Cell _____

- Directions:
1. Fill in requested information
 2. Attach required documents
 3. Attach required certificates
 4. Sign required forms and **return to GRS Management Assoc., Inc. 3900 Woodlake Blvd. Suite 309 Lake Worth, FL 33463 (561) 641-8554**

- A. **Brief Description:** In the space below or on an attached page, give a description of the alteration, improvement, addition or other change you would like to make to the exterior of your home (*to avoid delays, be as specific as possible*). Please include such details as dimensions, materials, color(s), design, location and other pertinent data.

- B. **Please attach the following items to this application:**

- _____ Survey of lot showing the location of the improvement
- _____ Plans, elevations, or detailed sketches
- _____ Paint color chip
- _____ Copy of sub-contractor's license
- _____ Copy of sub-contractor's insurance certificate to include general liability and workers compensation

Below is the proper Certificate holder Information:

**Seasons Homeowners
C/O GRS Management Associates, Inc.
3900 Woodlake Blvd, Suite 309
Lake Worth, FL 33463**

SEASONS HOMEOWNERS ASSOCIATION
ARCHITECTURAL APPLICATION

Name: _____ Date: _____
Address: _____ Lot _____
Home Phone: _____ Work Phone: _____ Email _____

Describe in detail the changes or modifications for which you are requesting approval:

Please complete and sign this form and attach the following information:

1. Copy of contractor proposal and sketch of work to be done.
2. Copy of contractor's occupational license.
3. Copy of contractor's liability insurance and workers compensation insurance; certificate holder must state
Seasons Homeowners Association
c/o GRS Management Associates, Inc
3900 Woodlake Blvd, Suite 309
Lake Worth, FL 33463
4. Copy of homeowner's property survey indicating location of changes or modifications.

Materials you may need to provide for the Association to make a decision on your request include:

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 house exterior.
3. A sample of the color of paint or other materials that may be used on the house exterior.
4. Any other materials or information that may assist in Association evaluation of the project.
5. A site plan showing your lot, the location of your home on the lot, and where the changes will be made.
6. Landscape changes may require changes to your irrigation system. Supply information regarding same. You are required to make any changes and will be responsible for any damages to either private or common areas.

It is understood that the changes or modifications which you are requesting may not:

1. Interfere with, or obstruct any easements on your property or the adjoining property.
2. Damage landscaping on your property, that of a neighbor, or the common grounds of the Association. If you do so, you are responsible for all repairs.
3. Cause a nuisance or interference with the peace or privacy of the other people in the community.
4. Be performed by unlicensed contractors or without the required permits from all governmental agencies.
5. Upon approval of your Architectural Application, the work must commence within forty-five (45) days and be completed in a reasonable amount of time. Failure to start the work in the forty-five (45) day period will require your submitting a new application.

Homeowner's Signature _____ Dated: _____

APPROVED _____ DISAPPROVED _____

Authorized Signature _____ Date _____

You will be notified within thirty (30) days of Architectural Review Board approval or disapproval of your request for changes or modifications.

ARC Committee Notes: _____

SEASONS HOMEOWNER'S ASSOCIATION, INC.

HOMEOWNER'S 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, as a result 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.
- Applicant further acknowledges that drainage swales have been designed and established between homes (side yard) to carry storm water off the lot and to maintain positive drainage away from home. The Association and/or developer shall not be responsible for any effect that any proposed landscaping installation may have on drainage. The applicant shall be responsible for all associated costs.
- The Homeowner is responsible for any costs associated with irrigation modifications as a result of this alteration. Modifications required are at the Homeowner's expense.
- Homeowner assumes maintenance responsibility for any new landscaping.
- **The homeowner is responsible for ensuring that all areas affected by the project construction (i.e. landscaping, irrigation, common areas, etc.) are restored to their original condition. The homeowner will be notified of any deficiencies in writing and will be asked to correct any damages. Failing that, the homeowner is responsible for all costs necessary for Seasons Homeowner's Association to properly restore the area.**

I also understand that the Board of Directors and/or the Management Company 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 Board of Directors and/or the Management Company. If the modification is not completed as approved with the specifications submitted in this application and I refuse to correct or remove the modification, I may be subject to court action by the Association. In such event, I shall be responsible for all reasonable attorneys' fees.

_____ **Date**

_____ **Signature of Homeowner**

----- **Do Not Write Below this Line** -----

_____ Approved by the Board of Directors and/or the Management Company

_____ Approved, subject to the following conditions:

_____ Deferred, due to the following missing information:

_____ Denied, not approved for the following reason:

By: _____ Date: _____

Signature of a Member of the Board of Directors and/or the Management Company