



REVISED FORM 01/14/14

ARCHITECTURAL MODIFICATION APPLICATION FORM

ONLY ONE MODIFICATION PER FORM

ALL APPLICATIONS MUST BE REVIEWED BY THE ACB COMMITTEE AS MANDATED BY FLORIDA STATUTE

ALL APPLICATIONS MUST BE SUBMITTED THE FRIDAY PRIOR TO THE MEETING

Owner Name: (applicant): _____ Date: _____

Property Address: _____ Telephone: _____

*An application requesting approval of any alteration, which occurs at the exterior wall of the home and therefore in the common element **MUST BE ACCOMPANIED BY THE FOLLOWING:**

- 1. Sketch: to indicate size, location, and type of construction (must be legible, points of reference).
- 2. Copy of the Survey of the property listed above if relevant to the application approval.
- 3. Verification of the Lot number of the listed property if painting of the house is being submitted for approval. Note that the Survey is verification of the Lot number but other forms of Lot number verification can be used.
- 4. Owner of the home will be doing the work.
- 5. Copy of the Contractor's License and a "Certificate of Liability Insurance" naming the Certificate Holder as: Portofino Shores POA, 5720 Spanish River Rd, Ft. Pierce, FL. 34951.
- 6. Copy of the estimate, proposal or invoice including all pricing. If no information is provided as to the cost of the alteration the ACB committee will determine the cost of the modification.
- 7. Any application requiring a county permit must present the final approval sign off from the county prior to the association's final inspection.
- 8. It is particularly important for the applicants to come to the meeting where they can provide information that is necessary for the application to be approved. Some applications are not approved due to insufficient information.

DESCRIBE IN DETAIL THE TYPE OF ALTERATION AND ALL MATERIAL(S) TO BE USED:

If more space is needed please submit an additional page.

Final approval is required once the modification has been completed. Owner must call the office when the modification is done for a final inspection by the committee.

*******ACB COMMITTEE USE ONLY*******

Application to begin the project approved _____ Application to begin the project denied _____

Authorized Signature to begin: _____ Date: _____

COMMITTEE NOTES:



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PROPERTY ADDRESS: _____

*****ALL OWNERS MUST SIGN BELOW*****

I/We understand and will comply to:

- 1. That if the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed at the owner's expense.
- 2. In making this request. I/ We understand and hereby agree to remove any debris from our said property, repair any damages caused to common areas, as a result of this work and will restore these areas to their original condition within two (2) weeks of completion.
- 3. In making this request, **I/We understand that it is my responsibility to apply for and obtain all necessary permits required by the city or county, and to comply with any and all municipality codes and ordinances.**
- 4. I/We agrees to abide by the decision of the ACB committee or the board of directors.
- 5. If the application is not approved or does not comply, I/ We may be subject to court action by the association and that I/We shall be responsible for all reasonable attorneys' fees.
- 6. 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 force the removal of the modification / installation and subsequent restoration to original at my expense.

OWNER SIGNATURE: _____ **DATE:** _____

WAIVER OF LIABILITY:

The undersigned hereby agrees that any and all liability caused by or arising from any acts, which may increase the hazard of susceptibility to loss on the described premises shall not be held against Portofino Shores Homeowners Association or Pinnacle Association Management, Inc., "as their interest may appear," and they shall be held harmless from any liability arising there from and indemnify them for all losses, costs, expenses, and attorney's fees in connection with any such addition to their unit.

OWNER SIGNATURE: _____ **DATE:** _____

*****ACB COMMITTEE USE ONLY*****

FINAL INSPECTION APPROVED: _____ FINAL INSPECTION NOT APPROVED: _____

Authorized Signature of Final Inspection: _____ Date: _____

ACTION REQUIRED BY THE ASSOCIATION WHEN FINAL INSPECTION HAS NOT BEEN APPROVED:

ASSOCIATION DIRECTOR SIGNATURE: _____ **DATE:** _____

NOTE: IF NOT APPROVED, THE FOLLOWING IS THE REASON:

