

The Vineyards at St. Lucie West Residents' Association, Inc.

C/O Watson Association Management
1648 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952
paminfo@watsonrealtycorp.com

ARCHITECTURAL REVIEW APPLICATION

Owners Name: _____

Address: _____

Phone #: _____ Email: _____

Anticipated Start Date: _____ Estimated Completion Date: _____

SCOPE OF WORK

Landscape Lighting / Electrical Pool / Patio / Lanai Painting Other

Project Description (Attach additional sheets as needed):

* **The following information must accompany your request:**

- A detailed sketch, color samples and/or specifications including the dimensions of the proposed modifications.
- The locations of the modifications on the property. Please submit a property survey for landscaping, pool, & lanai projects showing measurements.
- Any modifications which require heavy equipment may require a **\$5000.00 security** deposit which shall be held by the management company until the proposed work is completed to the satisfaction of the Architectural Review Committee. This is for common area damage only.

WORK IS NOT PERMITTED TO BEGIN UNTIL THIS FORM, OUTLINED CONDITIONS, AND ANY REQUIRED MATERIAL SAMPLES HAVE BEEN FULLY SATISFIED AND ACCEPTED BY THE VINEYARDS ARCHITECTURAL REVIEW COMMITTEE.

Any Approval for this ARC Application is Valid for Six (6) Months

The Vineyards at St. Lucie West Residents' Association, Inc.

ARCHITECTURAL REVIEW COMMITTEE OWNER(S) ACKNOWLEDGMENT & RELEASE

1. Requests to make any and all changes to the exterior of your home, including landscaping, must be submitted to The Vineyards Architectural Review Committee for review. Return the complete Application, with required attachments, and signed Acknowledgement to Watson Association Management electronically via the Homeowner Portal or in hard copy.
2. The property owner is responsible for receiving all required city and county permits from the contractor. Any State and County Codes must be met and are the sole responsibility of the Homeowner(s) to assure that the work is within compliance. **Any permits must be posted on site.**
3. Upon approval of this modification request, I/We will assume all liability for any damage incurred as a result of this modification as well as any additional maintenance cost that may be incurred. The Vineyards at Saint Lucie West Residents' Association Inc. (Vineyards), Board of Directors (BOD), the Architectural Review Committee (ARC) members, the Management Company, and their representatives will not be held responsible for any damage and or injury, caused by any homeowner's vendors/contractors. I agree to indemnify and hold harmless the Vineyards, BOD, ARC, the Management Company, and their representatives from any and all claims, damages, losses and causes of action relating to, or arising out of, this architectural review request and the work performed. Furthermore, I also understand I am responsible for any action by a contractor on my property.
4. I understand and acknowledge that the BOD or Management Company may ask for documents and has the right to demand that said alteration or modification be removed immediately at the homeowner's expense if said alteration or modification is not what was approved by the ARC.
5. I hereby grant permission to the members of the ARC and appropriate Vineyards' representatives to enter my property to make reasonable observations and inspections of the architectural review request and completed project.

ARC Meetings are held every other Monday at the Clubhouse. If you are dropping off your application in the drop box, please do so by 4:30PM, the Wednesday prior to the Monday meeting so it can be delivered to management for processing. Dates of meetings are posted at the Clubhouse glass display case and an email announcement is sent to all homeowners 3 days prior to a scheduled ARC meeting.

Upon receipt and processing of a complete application package, you will receive a confirmation email. You may check the status of approval in your Homeowner Portal by visiting portal.signaturepropertymgmt.com. Notice of the ARC's decision will be sent by email.

Owner Signature: _____ **Date:** _____

**IF YOU HAVE ANY QUESTIONS
PLEASE CALL WATSON ASSOCIATION MANAGEMENT AT (772) 871-0004**

The Vineyards at St. Lucie West Residents' Association, Inc.

HOMEOWNER'S AFFIDAVIT

I have read, understand, and agree to abide by the governing documents of the Association. In return for approval, I agree:

- APPROVAL DOES NOT AUTHORIZE NOR PERMIT ANY ENCROACHMENT OR TRESPASS (HOWEVER MINOR) ON ANY ADJACENT PROPERTY BY WORKERS OR MACHINES. AFFECTED PROPERTY OWNERS ARE NOTIFIED OF THIS APPROVAL, ALONG WITH THEIR RIGHTS.
- That I will be responsible for all losses caused to others, including common areas, as a result of my architectural review request and work performed, whether caused by me or others;
- To comply with all state and local building codes and laws;
- To ensure there are no encroachments;
- To comply with all conditions of acceptance (if any);
- To complete the project according to the approved plans. If the project is not completed as approved, said approval will be revoked and the alteration/modification shall be removed by the homeowner at the homeowner's expense. The homeowners further acknowledge 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 shall not be responsible for any effect that any modification may have on drainage;
- To pay for all costs associated with irrigation alterations as a result of this architectural review request.
- To assume maintenance responsibility for any new landscaping;
- To restore those areas affected by the project construction (i.e. landscaping, irrigation, common areas, etc.) to their original condition. If I fail to restore any areas after receiving notification from the Association, I agree that the Association may perform the work and charge me for the costs thereof.

I also understand that the Vineyards, BOD, and ARC do not review and assume 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 ARC. If the modification/alteration is not completed as approved with the specifications submitted in this application and I refuse to correct or remove the modification/installation, I may be subject to fines and court action by the Association. In such event, I shall be responsible for all reasonable attorneys, fees

I have read and understand the Covenants, By-Laws, Rules & Regulations, and Homeowner Affidavit. I will, **upon completion of all work, notify the ARC Compliance Officer by email to: 847grb@comcast.net** of such completion.

Owner Signature: _____ **Date:** _____

Client#: 155008

CONSWAT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER, INSURED, CONTRACT NAME, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURER A, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR THIS DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY BE SUBJECT TO PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Vineyards at SLW, c/o Watson Association Mgmt., 1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]