

HERITAGE OAKS AT TRADITION

c/o Signature Property Management
3171 SE Dominica Terrace Stuart, FL 34997
772-219-4474
On-site hours Tue. & Thur. 9-4:30
772-345-2398

Modification Application for the Architectural Control Committee

Submit this form & required information to the onsite office. Meetings are on the first Wednesday of each month. Not accepted via fax or email.

Homeowner's Name (s): _____

Property Address: _____

Mailing Address (if different): _____

Owner Phone: Home _____ Cell _____ Work _____

Owner Email: _____

Describe in detail the additions or modifications for which you are requesting approval. You may add an additional sheet if necessary.

Include copies of the following applicable information with your application:

- Contractor's proposal and dimensioned sketch / drawing of work to be done
- Current copy of Business and Occupational license of contractor doing proposed work. If your contractor/provider is required to hold a State licensure, a copy of the current Florida License must be provided.
- Proof of **general liability, automobile, and workers compensation** insurance naming **Heritage Oaks at Tradition HOA, c/o Signature Property Management 3171 SE Dominica Terrace, Stuart, FL 34997** as Additional Insured on Certificates of Insurance.
- Homeowner's property survey indicating the size and location of the addition or modification and distance from all property lines
- Picture, drawing, or product brochure showing the item(s) you are requesting
- Specifications/samples of the type and texture of building materials that you're proposing
- Sample of the colors and materials that will be used

HOMEOWNER'S AFFIDAVIT

I/We have read the Governing Documents of my Association and agree to abide by all such covenants and restrictions. No work will be commenced without the approval of the Association. It is understood that if the changes proposed cause any damage to common or neighboring property, I will be responsible to return them, at my expense, to the original condition. I will get all permits required by city code and I will ensure that all contractors are licensed and insured as required by the Governing Documents. No work will commence until I receive permission. **I/We agree to hold harmless Heritage Oaks at Tradition HOA, Inc. for any default by contractors or personal injury during this project.**

Signed: _____ Date: _____

For Committee Use Only

Review Date: _____ Request # _____ Approved _____
as submitted: _____ Disapproved: _____

Approved with the following conditions: _____ Insufficient Information: _____

Signed by: _____ Date: _____

Signed by: _____ Date: _____

Signed by: _____ Date: _____

Please Notify Signature Property Management when Modification is completed for ARC Committee Inspection

Updated 11/1/23

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CLARIFICATION TO: The Application for the Architectural Control Committee

If the work is to be done entirely by the homeowner, the following must be supplied:

- 1. Completed Architectural Application Form.**
- 2. A sketch of work to be performed.**

If a contractor is being used for any part of the work, **in addition to the above**, the following must be supplied:

- 1. A copy of the contractor's proposal.**
- 2. A copy of the contractor's occupational license.**
- 3. If your contractor/provider is required to hold a State licensure, a copy of the current Florida License must be provided.**
- 4. A copy of the contractor's liability insurance certificate.**
- 5. A copy of the contractor's workers' compensation insurance certificate.**
- 6. A copy of the contractor's automobile insurance.**

PLEASE NOTE: The license and insurance information for any contractor **IS NOT** on file with Signature Property Management. These documents expire every year, and it is the responsibility of the contractor to supply this information along with their proposal to the Homeowner who is filing an Architectural Application Form with the Architectural Review Committee.

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 Board's decision will be sent by email and regular mail.

Additionally, the following **MAY** be required upon request by the Architectural Review Committee:

- 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 project.**
- 3. A sample of the color of paint and 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.**

The review process of up to thirty (30) days begins only when all the necessary information is received by Signature Property Management, and the package is deemed to be complete and ready for review by the Architectural Review Committee. Once the Committee meets, the resident will receive a letter stating the approval or disapproval of the project.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2021

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL:	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

VENDOR NAME AND ADDRESS

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 OTHER 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 HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		REQUIRED			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			REQUIRED			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			REQUIRED			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

Heritage Oaks at Tradition HOA
 c/o Signature Property Mgmt.
 3171 SE Dominica Terrace
 Stuart, FL 34997

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

Ken A. White

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