

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
- 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

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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 liability insurance certificate.**
- 3. A copy of the contractor's workers' compensation insurance certificate.**
- 4. A copy of the contractor's automobile insurance.**

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.

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.

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-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 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 NOT BE FULLY AVAILABLE BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF DATE, POLICY EXP DATE, LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

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

IRRIGATION INSPECTION FORM

Name & Address: _____

We are in receipt of your request for architectural changes to your property. Please be advised of the following:

1. The home owner is required to locate the current irrigation system lines/valves, boxes/electrical lines and connections/sprinkler heads **PRIOR** to digging. You must contact Green Gardens via email at sam@greengardenslandscape.org
2. Any irrigation system changes are the responsibility of the homeowner. If the irrigation system must be rerouted around your architectural changes, a detailed estimate will be provided to you by the HOA's irrigation maintenance employee.
3. Before an approval is given to proceed with your architectural changes, the irrigation Inspection Form must be returned to Signature Property Management along with the full application package.
4. A final inspection by the HOA's irrigation maintenance employee will be required after the work for this project has been completed.

Homeowner Signature _____

Date: _____

TO BE COMPLETED BY HOA IRRIGATION MAINTENANCE PERSONNEL:

Property has been inspected...		Initial/Date
Location of irrigation system has been marked	YES/NO	
Irrigation changes required (summary attached)	YES/NO	
Irrigation changes completed (summary attached)	YES/NO	
Architectural work completed, no irrigation problems	YES/NO	



Homeowner irrigation renovation price sheet
ONLY IF IRRIGATION WORK IS NEEDED

Initial irrigation inspection- **\$75 due at time of service.** *This fee will be credited to cut/cap fee as long as Green Gardens performs the service.*

Cut/cap irrigation lines once layout of project is determined- \$150-\$250

Irrigation renovation after project completion- this will be determined at time of cut/cap once we know the size and outline of the size of the project. Most projects usually will not exceed \$700

These costs can be significantly lower if homeowner decides to use Green Gardens for landscape/hardscape project

Received by _____

Date _____