

VENETIAN ISLES HOMEOWNERS ASSOCIATION INC.

REQUEST FOR REVIEW OF ARCHITECTURAL MODIFICATION

Owner's Name:		
Street Address:		
Day Phone:	Cell Phone:	E-mail:

This is a Re- Submittal Yes No **IF DOING FAUX PAINT, MUST SUBMIT 2 SAMPLES TO UNITED, 1 FOR CITY, 1 COMMITTEE.**

Approval is hereby requested for the following modification (s), addition(s), and/or alteration(s) as described below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Addition (Describe below)
<input type="checkbox"/> Door Identical
<input type="checkbox"/> Doors New
<input type="checkbox"/> Driveway New
<input type="checkbox"/> Driveway Reseal
<input type="checkbox"/> Exterior
<input type="checkbox"/> Exterior Identical
<input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Garage Door
<input type="checkbox"/> Generator
<input type="checkbox"/> Hurricane Shutters
<input type="checkbox"/> Landscaping (Major change to existing)
<input type="checkbox"/> Patio
<input type="checkbox"/> Play Structure
<input type="checkbox"/> Pool
<input type="checkbox"/> Roof | <input type="checkbox"/> Roof Repair
<input type="checkbox"/> Satellite/Antenna
<input type="checkbox"/> Screening Identical
<input type="checkbox"/> Screening/Enclosure New
<input type="checkbox"/> Solar Collectors
<input type="checkbox"/> Wall/Fence
<input type="checkbox"/> Other |
|---|---|--|

Additional Information (Please use additional paper if more space is required)

Contractor: _____

The following documentation on this contractor should be provided to United Community:

- **License of contractor**
- **Certificate of Liability Insurance, naming Venetian Isles as a certificate holder c/o United Community Management (10 days notice of cancellation required) and worker's compensation.**

ELECTRICAL, PLUMBING, DECKS, SCREENING, FENCING, CHILDPROOF FENCING, SOLAR OR HEATING EQUIPMENT, LANDSCAPING: MUST SUBMIT APPROVED, SEALED/STAMPED SET OF PLANS TO INCLUDE ALL PHASES OF CONSTRUCTION. IF REQUIRED; CERTIFIED SURVEY NO MORE THAN 90 DAYS OLD. IF PAINTING: NEED TO GET APPROVED FIRST BY CITY & MUST SUBMIT SAMPLE, EVEN FOR COLORS ON APPROVED PALETTE.

- | | |
|--|---|
| <input type="checkbox"/> Initial Plans and/or Specifications Attached
<input type="checkbox"/> Revised Plans and/or Specifications Attached
<input type="checkbox"/> Drainage Surface Water Plan Attached
<input type="checkbox"/> Grading Plan Attached
<input type="checkbox"/> Tree Survey Attached (No more than 90 days Old)
<input type="checkbox"/> Lot Survey Attached (No more than 90 days Old) | <input type="checkbox"/> Color Plans/Samples Attached
<input type="checkbox"/> Material Designation Plan/Samples Attached
<input type="checkbox"/> Plans Sealed and Signed by Professional
<input type="checkbox"/> Plans Signed by Owner
<input type="checkbox"/> Proposed Improvement Contract Attached |
|--|---|

Your Approval is Subject to:

1. **You are responsible for obtaining any necessary permits from the appropriate Building and Zoning Departments AND ATTACH!!!**
2. **Access to areas of construction is only to be allowed through your property.**
3. **You are responsible to pay for and repair any and all damage done to the common areas property and/or restoring any damage to common property to its original condition resulting in negligence or error from the contractor you have hired to perform work on your home. You agree to meet all HOA requirements and obtain all necessary permits etc.**
4. **Any improvements made prior to approval from Architectural Review Committee (ARC) are subject to removal**
5. **Submission of a \$1,000.00 deposit for any major construction. (Pools, Roofs, Etc.)**
6. **That if the modification is not approved or does not comply, you may be subject to court action by the Association and that you shall be responsible for all reasonable attorney's fees.**
7. **Please be advised that the ARC has 30 DAYS to review and approve or disapprove of your request.**

Anticipated Commencement Date:
Completion Date:
Owner's Signature:

FOR ARCHITECTURAL REVIEW COMMITTEE USE ONLY

Date Received _____ () Approved _____

Date Notified _____ () Disapproved _____

Comments: _____

3 Committee Members Signature Required:

1 _____ 2 _____ 3 _____

**VENETIAN ISLES AT LAKE CORAL SPRINGS
COMMUNITY ASSOCIATION INC.
WAIVER FORM**

Date: _____

Owner: _____

Address _____

I do hereby agree that I will be responsible for repairing any damage to common area property and or restoring any damage to common property to its original condition resulting in negligence or error from the contractor I have hired to perform work on my home and have met HOA requirements, permits etc.

BY: _____

BY: _____