ARCHITECTURAL MODIFICATION – REQUIRED DOCUMENTS

Name: _____ **Address & Neighborhood's Name:** _____

- Architectural Control Application completed by homeowner.
- Completed contractor release form.
- Certificate of Insurance with
  "Hammocks Community Association Inc. –
  9020 Hammocks Blvd. Miami FL 33196". As an additional insured & certificate holder.
- Workers Compensation or Workers Compensation Exemption Form.
- Contractor trade license
- Unsubmitted Copy of Miami Dade Permit Application **(Yellow Form)** Notarized, signed, and dated or Copy of the **e-Permitting.** (If Applicable)
- Engineering plans and/or drawings.
- Contract between homeowner & contractor
- Updated NOA From Miami Dade or Product Approval from DBPR.
- Specifications of colors and materials
- Photos in color of the front of the property and of the area to be modified.
- Survey of property
- Local Association package and approval letter. (If Applicable)

APPLICATIONS MUST BE COMPLETE AND SUBMITTED IN PERSON ONLY NO LATER THAN 7 DAYS PRIOR TO THE NEXT ARCHITECTURAL CONTROL COMMITTEE MEETING.

PLEASE BE ADVISED THAT APPLICATIONS WITH MISSING REQUIREMENTS WILL NOT BE ACCEPTED AT THE OFFICE UNTIL ALL REQUIRED DOCUMENTS HAS BEEN PROVIDED.

IT IS THE HOMEOWNER'S RESPONSIBILITY TO ENSURE THAT THE APPLICATION IS

COMPLETED UPON SUBMISSION.

ALLIED PROPERTY GROUP
PROPERTY MANAGEMENT COMPANY

MODIFICACIÓN ARQUITECTÓNICA – DOCUMENTOS REQUERIDOS

Nombre: _____ **Dirección y nombre de la comunidad:** _____

- Solicitud de Control Arquitectónico completada por el propietario.
- Formulario de liberación del contratista completado.
- Certificado de Seguro con:"Hammocks Community Association Inc. –9020 Hammocks Blvd. Miami FL 33196" como asegurado adicional y titular del certificado.
- Compensación de Trabajadores o Formulario de Exención de Compensación de Trabajadores.
- Licencia comercial del contratista.
- Copia no presentada de la Solicitud de Permiso del Condado de Miami-Dade (Formulario Amarillo), notarizada, firmada y fechada, o copia del permiso electrónico (e-Permitting). (Si aplica)
- Planos y/o dibujos de ingeniería.
- Contrato entre el propietario y el contratista.
- NOA actualizado de Miami-Dade o aprobación del producto por el DBPR.
- Especificaciones de colores y materiales.
- Fotos a color del frente de la propiedad y del área a modificar.
- Plano topográfico de la propiedad (survey).
- Paquete de la Asociación local y carta de aprobación. (Si aplica)

LAS SOLICITUDES DEBEN ESTAR COMPLETAS Y SER ENTREGADAS EN PERSONA ÚNICAMENTE, A MÁS TARDAR 7 DÍAS ANTES DE LA PRÓXIMA REUNIÓN DEL COMITÉ DE CONTROL ARQUITECTÓNICO.

SE INFORMA QUE LAS SOLICITUDES CON REQUISITOS FALTANTES NO SERÁN ACEPTADAS EN LA OFICINA HASTA QUE SE HAYAN PROPORCIONADO TODOS LOS DOCUMENTOS REQUERIDOS.

ES RESPONSABILIDAD DEL PROPIETARIO ASEGURARSE DE QUE LA SOLICITUD ESTÉ COMPLETA AL MOMENTO DE SU ENTREGA.

ALLIED PROPERTY GROUP
PROPERTY MANAGEMENT COMPANY

Hammocks Community Association, Incorporated
Architectural Control Application

NEIGHBORHOOD_____

OWNER'S NAME (s) _____ ADDRESS _____

CONTACT PHONE_____ EMAIL_____ ACCT.# _____

IS THIS A REQUEST FOR AN EXTENSION ON A PREVIOUSLY APPROVED ARCHITECTURAL CONTROL (ACC) APPLICATION? YES / NO

IF YES, PLEASE SPECIFY WHEN YOU RECEIVED AN ACC APPROVAL, THE REASON WHY YOU NEED MORE TIME AND HOW MUCH TIME YOU NEED TO COMPLETE THE WORK PREVIOUSLY APPROVED. _____

_____

Owners must complete and return this form to the Architectural Department of the Hammocks Community Association, along with the required documentation. Owners who live in a Local Association, (an Association not directly managed by the Hammocks Community Association), must first request written approval from the Local Association, prior to submittal to the Hammocks Association. By submitting an application for consideration, the Owner(s) authorizes a Hammocks Community Association representative to enter on to the Lot to inspect the site of the requested modification before, during and up to thirty (30) business days after the work has been completed to ensure ACC compliance. Owner shall provide access to the representative and must be present during the necessary inspections as part of the application requirements.

Please indicate and fully describe the improvement(s) that you propose. Start Date_____ Completion Date _____

Type of Improvement: (Circle all that apply) Addition Driveway/Walkway: New/Extension Garage Door Hurricane Shutters Wall/ Fence Landscaping Play Structure Exterior Doors Awnings Gutters Roof Solar Panels Exterior Paint Windows Screen Enclosure Pergola/Gazebo/Trellis Pool/Spa Other: _____

Description of Modification: _____

_____

Location of improvement(s) _____

Material specifications planned for the improvement you propose: Material Type(s) _____

Color(s)_____ Design_____

Dimensions of Planned Improvement (if applicable): _____ Length _____ Width _____ Height

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE HAMMOCKS ASSOCIATION, TOGETHER WITH THE ACC APPLICATION, TO BE CONSIDERED FOR REVIEW, AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO THE NEXT SCHEDULED ARCHITECTURAL CONTROL MEETING. THE ACC COMMITTEE SHALL CONSIDER THE REQUEST AT SAID MEETING.

1. A color photograph of your home depicting the location of the modification.
2. A site survey or plot plan with the marked location(s) of the proposed modification.
3. For Roof request: Owner must submit a roof tile/shingle sample and a Notice of Acceptance from Miami-Dade County.
4. For Exterior Door, Window &/OR Hurricane Shutter request: Owner must submit a Notice of Acceptance from Miami-Dade County.
5. Written Local Association Approval, if applicable. (Needed for Owners who live within a Local Association)

BY SIGNING BELOW, I/WE UNDERSTAND THAT THE ASSOCIATION'S ACC COMMITTEE WILL ACT ON THIS REQUEST AS QUICKLY AS POSSIBLE AND CONTACT ME IN WRITING REGARDING ITS DECISION. I/WE UNDERSTAND AND AGREE THAT I AM NOT TO COMMENCE ANY OF THE LOT IMPROVEMENT(S) DESCRIBED IN THIS APPLICATION UNTIL THE ACC COMMITTEE NOTIFIES ME OF ITS APPROVAL, IN WRITING. I/WE UNDERSTAND AND ACKNOWLEDGE THAT EVEN IF THE ACC COMMITTEE APPROVES THE PROPOSED LOT IMPROVEMENT(S), I/WE ARE STILL REQUIRED TO OBTAIN THE APPROVAL(S) AND PERMIT(S) REQUIRED FOR THE LOT IMPROVEMENT(S) FROM MIAMI-DADE COUNTY. FINALLY, I/WE UNDERSTAND AND ACKNOWLEDGE THAT NEITHER THE ACC COMMITTEE OR THE ASSOCIATION, OR ANY OTHER PERSON ACTING ON BEHALF OF THE ACC COMMITTEE OR THE ASSOCIATION, SHALL BE RESPONSIBLE FOR ANY DEFECTS IN ANY PLANS OR SPECIFICATIONS OR MATERIAL SUBMITTED TO THE ACC COMMITTEE FOR REVIEW. I/WE HEREBY INDEMNIFY AND HOLD HARMLESS THE ACC COMMITTEE, ITS MEMBERS AND THE ASSOCIATION, ITS OFFICERS, DIRECTORS OR ANY PERSON ACTING ON THE BEHALF OF EITHER THE ACC COMMITTEE OR THE ASSOCIATION FROM ANY AND ALL CLAIMS RESULTING THEREFROM INCLUDING REASONABLE ATTORNEY'S FEES AND PARAPROFESSIONAL FEES AND COSTS.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

RETURN ACC FORM AND REQUIRED DOCUMENTATION TO: Hammocks Community Association, Inc., 9020 Hammocks Blvd., Miami, Fl. 33196
Phone: 305-382-3999

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-------HAMMOCKS ASSOCIATION OFFICE USE ONLY-----

Date Received : _____ Resubmittal? Yes/No Existing Violation? Yes/No Date Submitted to ACC: _____

Condition(s):_____

_____

Date: _____ APPROVED / DENIED

Hammocks Association Authorized Signature: _____ Title: _____

Application Approved by Hammocks Board of Directors: 9-27-2012

CONTRACTOR RELEASE

CONTRATOR:_____

CONTRACTOR ADDRESS: _____

NAME OF AGENT SIGNING:_____

EMERGENCY CONTACT NUMBER FOR CONTRACTOR:_____

JOB SITE ADDRESS: _____

JOB DESCRIPTION:_____

By executing this General Release and covenant not to Sue (Hereinafter "THE RELEASE"), the contractor and its agent, settle, compromise, and reach accord and satisfaction upon each and every commission, claim, every and all actions, causes of action and liabilities of any kind, whether known or unknown, which might occur as a result of the work being done at the property listed above (hereinafter "THE PROPERTY") within HAMMOCKS COMMUNITY ASSOCIATION, INC., (Hereinafter "THE ASSOCIATION") and/or any of its affiliated or interrelated companies and/or their officers, directors, managers, supervisors, employees, attorneys, agents, and the successors and assigns.

1. The contractor and its agents assume all responsibility and liability and unconditionally releases and discharges the ASSOCIATION, its attorneys, managers, affiliates and assigns, from all claims, actions, causes of action, and liabilities which may occur in connection with the job listed above or associated with the job listed above and forever covenant not to sue or bring claim against the ASSOCIATION, its attorneys, managers, affiliates nor to authorize anyone to file suit on its behalf with respect to any claims, actions, causes of action, or liabilities of any kind, which is in any way related to the work done by the contractor and promise to indemnify the ASSOCIATION, its attorneys, managers, affiliates and assigns, in the event they incur any liability associated with this work.

2. Contractor and its agents represent that they are fully capable of conducting the type of work and have all required City and State Licenses and have obtained all required permits.

3. The contractor and its agents will provide ASSOCIATION with a certificate of liability which names the ASSOCIATION as the insured party prior to commencement of any work.

4. The contractor and agent agree that this Release may be used as evidence in a subsequent proceeding in which any of the parties allege a breach of this Release. In the event of litigation due to breach of this agreement, the ASSOCIATION shall be entitled to reasonable attorneys fees and costs.

5. Contractor and its agents have been advised to seek independent legal counsel prior to signing this agreement and have agreed, voluntarily and knowingly, to the terms of this Contractor Release.

6. This Release is governed by the laws of the State of Florida.

7. The CONTRACTOR AND AGENT

Dated this :_____

_____
CONTRACTOR SIGNATURE

MUST ATTACH THE FOLLOWING:

***** Certificate of Insurance naming Association as insured.**
***** Required permits.**
***** Required Licenses, if any.**

Owner's Responsibility Letter

Only Applicable When You Are Not Using a Contactor

Date:_____/ ____/_____.

Homeowner's Name: _____

Homeowner's Address: _____**Neighborhood**_____.

To: Hammocks Community Association, Inc.
Address: 9020 Hammocks Boulevard, Miami, FL 33196

Dear _____***[Homeowners Association Name],***

I _____the homeowner of the property located at _____ ***(Property Address),*** hereby acknowledge and agree to the following terms regarding the modification work being carried out on my property by myself, without using a contractor.

_____ I understand that the modification work involves certain risks, including but not limited to property damage, personal injury, and other unforeseen events.

_____ I hereby release and discharge the Homeowners Association, its officers, directors, employees, agents, and contractors from any and all claims, liabilities, damages, expenses arising out of or in connection with the modification work being performed on my property.

_____ I voluntarily assume all risks associated with the modification work and accept full responsibility for any harm, injury, or damage that may occur as a result of the work.

_____ I acknowledge that the modification work will be carried out in compliance with all applicable laws, regulations, and HOA guidelines.

_____ This waiver shall be binding upon me, my heirs, executors, administrators, and assigns.

I have read and fully understand the terms of this liability waiver and voluntarily agree to be bound by its terms.

Homeowner Name(s): _____Date: _____.

Homeowner Name(s): _____Date: _____.

Signature (1): _____

Signature (2): _____

For Inquiries, please contact babreu@alliedpropertygroup.net

Carta de Responsabilidad del Propietario

Solo aplicable cuando no está utilizando un contratista.

Fecha: __/_____/_____.

Nombre del Propietario: _____

Dirección del Propietario: _____ **Barrio** _____

Para: Hammocks Community Association, Inc.
Dirección: 9020 Hammocks Boulevard, Miami, FL 33196

Estimado/a _____ ***[Nombre de la Asociación de Propietarios],***

Yo, _____, propietario/a de la propiedad ubicada en _____ ***(Dirección de la Propiedad),*** por la presente reconozco y acepto los siguientes términos con respecto a los trabajos de modificación que estoy realizando en mi propiedad por mi cuenta, sin contratar a un contratista.

_____ Entiendo que los trabajos de modificación implican ciertos riesgos, incluyendo, entre otros, daños a la propiedad, lesiones personales y otros eventos imprevistos.

_____ Por la presente, libero y eximo de toda responsabilidad a la Asociación de Propietarios, sus directivos, empleados, agentes y contratistas de cualquier reclamación, responsabilidad, daño o gasto que surja o esté relacionado con los trabajos de modificación realizados en mi propiedad.

_____ Asumo voluntariamente todos los riesgos asociados con los trabajos de modificación y acepto la responsabilidad total por cualquier daño, lesión o perjuicio que pueda ocurrir como resultado del trabajo.

_____ Reconozco que los trabajos de modificación se llevarán a cabo en cumplimiento con todas las leyes, regulaciones y normas de la Asociación de Propietarios aplicables.

_____ Esta exención de responsabilidad será vinculante para mí, mis herederos, albaceas, administradores y cesionarios.

He leído y entiendo completamente los términos de esta exención de responsabilidad y acepto voluntariamente estar sujeto a sus términos.

Nombre del Propietario: _____ Fecha: _____

Nombre del Propietario: _____ Fecha: _____

Firma(1): _____

Firma(2): _____

Para consultas, por favor comuníquese a babreu@alliedpropertygroup.net