



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.

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.

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

-----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: \_\_\_\_\_



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 County 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. (If Applicable)
- 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)

- Next ACC meeting will be held on: \_\_\_\_\_

- Application must be received by: \_\_\_\_\_

APPLICATION MUST BE RECEIVED 5 DAYS PRIOR TO THE NEXT ARCHITECTURAL CONTROL COMMITTEE MEETING, ALL DOCUMENTS MUST BE SUBMITTED IN PERSON.

**CONTRACTOR RELEASE**

**CONTRACTOR:** \_\_\_\_\_

**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.**