



## Ocean Trace Condominium Association, Inc.

### ARCHITECTURAL REQUEST FORM INSTRUCTIONS

#### Dear Unit Owner,

The attached Architectural Request form must be completed and returned to the Association Property manager in the clubhouse.

**If you are replacing flooring, you must use an underlayment with a STC (Sound Transmission Class) rating of a minimum of 71.**

If there is a specific product installation involved, please submit product information, catalog, pictorial etc.

Unit Owners are encouraged to discuss their projects with their neighbors early in the planning stages to explore and resolve potential problems. Although permission from neighbors is not required for approval, one purpose of the approval process is to avoid problems and detrimental impact on neighbors. Such impact is considered by the Board during the review process.

A response to your request will be mailed to you within 5 days after the meeting.

**PLEASE REMEMBER: Having everything completed properly will ensure a timely response to your request.:**

#### **CHECK LIST:**

- Fill out the request form completely and sign the agreement, included in this packet.
  - All work must be completed within thirty (30) days from the start date
  - Please submit product information, catalog, pictorial etc
  - Please submit contractor information, license and insurance.
  - Plans and specifications showing the nature, kind, shape, height and materials. As per Protective Covenants 18.2:... in the event that a permit is not required, then in a form that would be required if a permit was in fact required.
- All incomplete requests will be returned unprocessed.
  - The Property Manager must be notified when completed.
  - If completion date cannot be met, please supply contractor information substantiating the reasons for the delay.

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL THE OFFICE AT (561) 625-4202 AND SPEAK TO THE PROPERTY MANAGER

Thank you for your cooperation in this matter, it will make our job easier and your life simpler

#### **TOWN OF JUNO BEACH CODE ENFORCEMENT**

##### ***Permissible Hours of Construction Activity***

Monday – Friday: 7:00 am – 6:00 pm

Saturday: 9:00 am – 5:30 pm

**No construction activity is allowed on Sundays or legal holidays** including New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

**ARCHITECTURAL REQUEST FORM**

**UNIT OWNER NAME: (PRINT):** \_\_\_\_\_

**ADDRESS: (PRINT):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**ARCHITECTURAL REQUEST:**  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**  
\_\_\_\_\_

**BOARD OF DIRECTORS:**

Approved ( ) Rejected ( )      DATE: \_\_\_/\_\_\_/\_\_\_    Initials \_\_\_\_\_

The Property Manager must be notified when the work is completed.  
Completion must be within thirty (30) days of the start date; no deviations, unless you can supply contractor information substantiating the reason for the delay.

**COMMITTEE COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Timeframe:      Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_**

**[SEE ATTACHED "A"] UNIT OWNER ACKNOWLEDGEMENT: I UNDERSTAND AND AGREE THAT NO WORK SHALL COMMENCE UNTIL APPROVAL IS RECEIVED FROM THE ASSOCIATION AND WILL PROVIDE NECESSARY PERMITS FROM THE CITY OF JUNO BEACH WHERE NECESSARY. NOTICE: A PERMIT FROM THE CITY IS NOT AN APPROVAL BY THE ASSOCIATION.**

# ATTACHMENT "A"

**Please acknowledge your agreement with the following statements by signing and dating the application:**

I, as the owner of the condominium listed in this application, agree that the improvements will be constructed in accordance with plans and specifications which have been approved by the **Ocean Trace Condo Association Board of Directors (BOD)**.

I further acknowledge and agree that:

1. I have read and understand the Covenants, Conditions and Restrictions applicable to the property and agree to follow and comply with said Covenants, Restrictions, and Guidelines.
2. I understand that I am responsible for completing the project as described by the drawings and specifications approved by the Board of Directors.
3. I understand that the Board of Directors has 30 days from the date this application is received by the Board of Directors to respond and that supporting documentation detailing construction or improvements may be required. I further understand that the Board of Directors may request additional documentation which must be submitted in a timely manner.
4. I understand that the Board of Directors may reject this application if my project does not meet the standards set forth in the Protective Covenants or if appropriate documentation and information requested is not submitted.
5. If a modification project causes damage or affects any of the associations affiliated with Ocean Trace/Uno Lago landscaping or the irrigation system in any way:
  - a. All repairs will be performed by Ocean Trace Condominium Assoc. designated contractors or Ocean Trace Condominium Assoc. landscaping and billed to the unit owner.
6. If using a contractor, you must supply the Association with a copy of the contractor's license and insurance certificate showing Ocean Trace Condominium Assoc. and the Management Company as additional insured on contractor's general liability insurance.
7. If a permit is required by the City of Juno Beach, a copy must be provided to the Property Manager before the project commences.
8. The unit owner may be required to remove or correct changes, at the Owner's expense, if the actual modification does not:
  - a. match the description in the Protective Covenants
  - b. adhere to current codes
9. I UNDERSTAND AND AGREE THAT NO WORK SHALL COMMENCE UNTIL APPROVAL IS RECEIVED FROM THE ASSOCIATION

**This Application and Agreement made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**By: Unit Owner's Name: \_\_\_\_\_**  
**(Please Print)**

**Unit Owner's Signature: \_\_\_\_\_**

**Address: \_\_\_\_\_**  
**(Unit Number)**