

HERITAGE OAKS AT TRADITION

c/o Signature Property Management
459 NW Prima Vista Blvd
Port St. Lucie, FL 34983
772-219-4474 (F) 772-219-4746

ARC@HERITAGEOAKSHOA.NET

Modification Application for the Architectural Control Committee
(Submit this form & required information to Signature Property Management or to your onsite management office)

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
- Current copy of Business and Occupational license of contractor doing proposed work
- Proof of general liability, automobile, and workers compensation insurance naming Heritage Oaks at Tradition HOA, c/o Signature Property Management 459 NW Prima Vista Blvd, Port St. Lucie, FL 34983 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:** _____

<u>For Committee Use Only</u>	
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 occupational license.**
- 3. A copy of the contractor's liability insurance certificate.**
- 4. A copy of the contractor's workers' compensation insurance certificate.**
- 5. A copy of the contractor's automobile insurance.**

PLEASE NOTE: The license and insurance information for any contractor **IS NOT** on file with Signature Property Management. These documents expire every year, and it is the responsibility of the contractor to supply this information along with their proposal to the Homeowner who is filing an Architectural Application Form with the Architectural Review Committee.

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.

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 Triple L Irrigation at 772-501-3853 so that a WorkOrder can be submitted to the HOA's irrigation maintenance employee. There is no charge for this.
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	