## RIVER BRIDGE PROPERTY OWNERS ASSOCIATION ARB MODIFICATION COMMITTEE

THIS FORM IS TO BE USED WHEN REQUESTING A MODIFICATION, ALTERATION OR ADDITION TO THE EXTERIOR OF YOUR HOME OR PROPERTY THAT IS VISIBLE. Request should be directed to your Individual Island Condominium, Homeowners or Community Association. Your Association will review this request to make sure it is in compliance with its' documents, complete the Sub-Association section and forward to the POA-ARB Committee with their comments. If you should have any questions, please call the POA office at 968-6054 or your local HOA Modification Chairperson.

OWNERS' SECTION:
SUB-ASSOCIATION NAME: Hammocks Trail HOA
OWNER'S NAME:EMAIL:
ADDRESS:
HOME PHONE:BUSINESS PHONE:
MAILING ADDRESS, IF DIFFERENT FROM ABOVE:
APPROVAL IS HEREBY REQUESTED TO MAKE THE FOLLOWING MODIFICATION(S), ALTERATION(S) OR ADDITION(S) AS DESCRIBED AND DEPICTED BELOW. (Please include such details as the nature, kind, shape, color, size, material, location, and any other pertinent data. A drawing or sketch as well as a copy of your survey is required for any kind of construction).
OWNER'S SIGNATURE: DATE OF REQUEST:
SUB-ASSOCIATION SECTION:  APPROVED IN COMPLIANCE WITH OUR HOA MODIFICATION STANDARDS  DISAPPROVED COMMENTS:
SIGNATURE OF SUB-ASSOCIATION REPRESENTATIVE DATE
ARB COMMITTEE SECTION:  DATE RECEIVED:
DISAPPROVED  APPROVAL OF ANY MODIFICATION, ALTERATION OR ADDITION DOES NOT WAVE THE NECESSITY OF OBTAINING THE REQUIRED FEDERAL, STATE, COUNTY, CITY OR APPLICABLE AGENCY APPROVAL(S) OR PERMIT(S).
SIGNATURE OF ARB COMMITTEE (BOARD OF GOVERNORS DELEGATE)  DATE

STAMP (IF APPLICABLE)

Revised 02/02/02

## **WAIVER OF LIABILITY**

Print Name:	(hereinafter "Owner")
of	, Greenacres, FL (Unit/Address), hereinafter to the
Board of Directors <u>Hammocks Trail HOA</u> (hereaf change, or alteration to the above-mentioned unit.	ter "Association"), and seeks approval for said addition,
shall be completed in a good and workmanlike mann	he addition, change or alteration of said Unit. All such work er in accordance with applicable laws, ordinances, rules, or officers having jurisdiction over such work, and before such ons shall be obtained by Owner.
subcontractors, material men, mechanics or other third pathe Master Association Board and Sub-Association Board review. In the event that said costs and expenses are not pand/or Sub-Association shall have the right to levy an as	or replace any portion of the common areas damaged by the arties rendering goods or services to said Unit upon notice of within forty-five (45) days of substantial completion of the aid within thirty (30) days written notice, Master Association sessment against the Unit for said costs and expenses. The sessments, including, but not limited to lien rights, as further
limitation, aesthetic reasons, to maintain and protect the	disapproval will be based on any grounds, including without ne value of property within River Bridge. Owner shall seek respective professionals in the field and shall not request or
arising from any acts, which may increase the susceptibilit loss, claim or damage by reason of any injury, accident or of the Association arising out of or in any way relating to wholly or in part by any act or omission of Owner, any cont In the event that Association shall be made a party to any limits and the susceptibility.	harmless from and against any and all liability caused by or y to loss on the described property or common areas and any damage to any person or property, including common areas to the addition, change or alteration to the Unit, occasioned eractor, or any other third party rendering goods and services. Itigation commenced against Owner concerning any addition, and, protect and hold the Association harmless and pay all onnection with such litigation.
• • •	interpretation of the Waiver of Liability, the Association shall ding appellate and post-judgement proceedings, costs and
The WAIVER OF LIABILITY has been executed on the _	, day of,,
WITNESS (BOARD OF DIRECTOR'S DELEGATE, ARB CHAIRPERSON	UNIT OWNER SIGNATURE

PLEASE FILL OUT AFTER COMPLETION. CONTACT HOA ARB REPRESENTATIVE TO INSPECT, CONFIRM AND PROJECT IS IN COMPLIANCE WITH ORIGINAL, APPROVED MODIFICATION. RETURN COMPLETED FORM TO RIVER BRIDGE POA, ALONG WITH A COPY OF YOUR PERMIT (IF APPLICABLE).

## FORM OF COMPLIANCE

It is the desire of the Master Architectural Review Board (ARB), to seek compliance with the Architectural Standards, Rules and Regulations of the community of River Bridge and/or the City of Greenacres, to have this form completed by the individual homeowner and signed off by the Sub-Association Modification Board, <u>AFTER COMPLETION</u> of modification performed. It is important to note that approval must come from the Master ARB, in order to obtain permits from the City of Greenacres.

<u>BEFORE</u> any work is to commence, any project requiring a permit from the City of Greenacres, <u>MUST</u> be submitted to the ARB for approval. <u>NO PERMIT WILL BE ISSUED WITHOUT PRIOR ARB APPROVAL</u>. This certificate of compliance must also be completed, documented, inspected and approved; substantiating modifications were completed in compliance with original modification submitted.

DATE:	NAME OF SUB-ASSOCIATION:	
NAME OF UNIT OWNER:		
ADDRESS:		_
PHONE:	PERMIT NUMBER:	
Signatures of Two (2) Sub-	Association Modification Board Members:	

NOTE: PLEASE REMEMBER TO ATTACH A COPY OF YOUR PERMIT (IF APPLICABLE) TO THIS FORM