



SONARA AT MALIBU BAY ARCHITECTURAL CHANGE REQUEST FORM

Please direct all Architectural Control Committee (ACC) communications to assistant2@floridaadvanced.com, in person or by mail to Florida Advanced Properties, 13501 SW 128 Street, Suite 111, Miami, Florida 33186.

Name of Owner(s): _____ Date: _____
Property Address: _____ Homestead, FL 33033
Mailing Address (if different): _____ City/State/Zip _____
Day Phone: _____ Evening Phone: _____ Email: _____

APPROVAL IS HEREBY REQUESTED FOR THE FOLLOWING MODIFICATIONS, ADDITION(S), AND / OR ALTERATIONS. PLEASE NOTE THAT INCOMPLETE FORMS OR FORMS WITH IMPROPER/MISSING REQUIRED DOCUMENTATION WILL BE RETURNED.

Please Check the Appropriate Box and Provide Required Documentation:

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|---|-------------------------------|--|---------------------------------|--|--|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Pool | <input type="checkbox"/> Driveway (Pavers) | <input type="checkbox"/> Awning | <input type="checkbox"/> Screening Enclosure | <input type="checkbox"/> Patio/Terrace |
| Please Provide Required Documentation: <ul style="list-style-type: none">○ Property Boundary Survey, with modification drawn on that survey or plans○ Picture of materials being used, e.g., fence and pavers○ Copy of contractor(s) valid license and liability insurance (if applicable)○ Copy of contractor(s) contract or quote○ Before and After pictures (After pictures within 15 days of completion)○ Copy of Building and Zoning Department(s) permit(s) before the project begins | | | | | |

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|--|---|----------------------------------|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Gutters | <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Garage Door | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Light Fixtures | <input type="checkbox"/> Windows | | | |
| Please Provide Required Documentation: <ul style="list-style-type: none">○ Copy of contractor(s) valid license and liability insurance (if applicable)○ Picture of materials being used, e.g., doors, windows, plants and roof tiles○ Property before pictures○ Property after pictures within 15 days of completion | | | | | |

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| <input type="checkbox"/> Other |
| Please Explain (or attach separate sheet): (Note that additional documentation may be requested) <ul style="list-style-type: none">○ Property before and after pictures <hr/> |

Please describe the type of change you are seeking approval for. Specify any materials being used and color(s) involved. Also, provide any additional information that will help us speed up the review of your request. (Attach separate sheet if needed)

PLEASE READ AND SIGN THE FOLLOWING ACKNOWLEDGEMENT

- Only the owner of the subject property may make application for alteration or change.
- Application does not guarantee approval and that any approval must be received, in writing prior to making the alteration sought in this application.
- Owner agree to be fully responsible at Owner's sole expense for any and all damages to Common Areas and/or neighboring Lots including, but not limited to, damage from delivery, construction or other vehicles or machinery. Access to construction area is only to be allowed through Owner's property.
- Owner agree to comply with the Association Documents including, but not limited to, the Declaration, in all respects.
- Owner agrees and understands to be responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s) and all other applicable government authorities. Also, provide copy of Permit(s) before the project begin.
- Architectural change approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the change proposed.
- Applicants are solely responsible for calling the appropriate utilities before digging to have all underground services marked.
- Applicants are solely responsible for any damage or costs associated with restoring service. Applicants are solely responsible for damaged irrigation.
- The ACC has 30 days from the date of receiving a completed ACC application packet to make a decision.
- Applicants may not deviate in any manner from the plan, once / if approved any change will require prior written approval.
- All work in which has been proposed and approved by this ACC form must be completed within 45 days of approval date. After pictures need to be provide within 15 days to the ACC after completion.
- Owner agrees to defend, indemnify and hold harmless "Management Co." and the "Association(s)", against any and all claims, costs (including without limitation reasonable attorney's fees, paraprofessional fees and court costs at all levels), actions, liabilities and/or expenses in any way related to the construction of your requested improvements due to any defects to the marketability, ability to obtain a loan, and/or insurability of your home caused there from; any encroachment caused by your requested improvements; and/or the repair, reconstruction or removal of the improvements as required by any governmental or court action.
- Owner agrees and understands that all windows must utilize white frames and all front windows must include white colonial grids/grilles.
- Owner understands that exterior front doors must be compatible with the community approved color. *
- Owner agrees and understands that all pavers will be in Old Miami Mix III and no circular driveways will be installed.
- Owner agrees and understands that gutters must match the windows metal color.
- Owner agrees and understands that roof tiles must be compatible with the community approved style and color. *
- Owner agrees understands and acknowledges that failing to abide by the aforementioned will be deemed grounds for this request being denied.

Signature of Property Owner x _____ **Date** _____

(FOR ACC USE ONLY)

Date Application Received: _____ Date of Approval / Disapproval: _____

☐ Approved or ☐ Disapproved ACC Representatives x _____

x _____

Condition Imposed:

Explanation of Disapproval:

* Please visit sonarahoa.com/acc for additional information.