



## REQUEST FOR ARCHITECTURAL REVIEW

Submit all required forms to [review@skylakepoainc.com](mailto:review@skylakepoainc.com) thirty (30) days in advance of intended alterations

To be filled in by applicant (PLEASE PRINT)

Date: \_\_\_\_\_

Name of Applicant/s: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (FAX) \_\_\_\_\_

Being a Property Owner and in accordance with requirements of the Sky Lake Property Owners Association, Inc. Documents, I hereby request approval for the following modification:

In the space provided or by attachment, give a description of the modification, alteration, improvement, addition or other change you would like to make to the exterior of your home. Be as clear as possible including such detail as the dimension, materials, color, shape, wattage, design location and any other pertinent data. Please print.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Please attach to this application copies of the following items: (also see Guidelines for additional information that may be required)

- ☐ Plans or detailed sketch
- ☐ Survey showing the location of the improvement/s
- ☐ Paint color sample/s
- ☐ Roof color sample (Actual roof shingle not necessary to submit)
- ☐ City Permit (required for any construction or paving) - Please note that all Boynton Beach Building Dept Permits are subject to final HOA approval

When working with a contractor please also include:

- ☐ Copy of signed contract with the contractor of record that includes scope of work
- ☐ Copy of Contractor's License both state and county
- ☐ Copy of Insurance Certificate listing us as an additional insured in the following name:

Sky Lake Property Owners Association, Inc  
845 NW 9th Way  
Boynton Beach, FL 33426

\*\*See attached Sample Insurance Certificate, page 3, to provide as example to contractor

- ☐ Copy of complete permit application package



## REQUEST FOR ARCHITECTURAL REVIEW

**Your Request is:**

\_\_\_\_\_ Approved (Expires 60 days from date below unless otherwise stated)

\_\_\_\_\_ Approved subject to the following: \_\_\_\_\_

\_\_\_\_\_ Pending – insufficient information and/or a New Architectural Review with requires items.

\_\_\_\_\_ Resubmit requested information, including \_\_\_\_\_

\_\_\_\_\_ Denied – for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

**\*All required documents must be submitted to Sky Lake Board of Directors for Final Approval**

\_\_\_\_\_  
**Signature of Association Officer**

\_\_\_\_\_  
**Signature of Association Officer**

\_\_\_\_\_  
**Signature of Association Officer**

\_\_\_\_\_  
**Date**

**Return via email to [review@skylakepoainc.com](mailto:review@skylakepoainc.com)**

**Or submit to:**

Sky Lake Property Owners Association, Inc. 845

N.W. 9<sup>th</sup> Way

Boynton Beach, FL 33426

## **GUIDELINES FOR INFORMATION TO BE PROVIDED WITH REQUEST FOR ARCHITECTURAL REVIEW FORM**

To expedite your request, please include the information listed below for the specific category. The list may not be inclusive and the Association reserves the right to request additional information. A thirty (30) day notice to the Board of Directors is required. It is the responsibility of the Property Owner to obtain the necessary documents / permits from state, county or city authorities. Approval of this request by the Sky Lake Property Owners Association, Inc., Board of Directors, in no way excuses the Property Owner of this responsibility.

**NO WORK MAY COMMENCE UNTIL WRITTEN APPROVAL FROM ASSOCIATION HAS BEEN RECEIVED.**

**1. Painting:**

- Identify each color.
- Provide paint color samples.
- Identify the location of each color – i.e. Fascia, doors, bricks, etc.

**2. Fences:**

- Type of fence including materials, heights, drawings, color, finish and decorative style.
- Survey indicating the location with respect to property lines.
- Proposed landscaping (see #7 below).

**3. Driveways:**

- Type of driveway materials, including color and design if applicable.
- Survey indicating location of proposed installation.

**4. Construction:**

- Replacement of windows – low impact/impact
- Replacement of exterior doors – low impact/impact
- Replacement of garage doors – low impact/impact

**5. Roofs:**

- Type of roofing materials, sample including color.

**6. Hurricane Shutters:**

- Type of shutters, including style, whether permanently attached or removable, and color.

**7. Screen Enclosures/Room Additions/Patio Enclosures:**

- Description of proposed enclosure/addition.
- Survey depicting location of proposed enclosure/addition.
- Plans and specifications provided by the contractor indicating dimensions, height, roof type, material and color. If addition, roof must match existing.
- Proposed landscaping (see #10 below).

**8. Pool Additions:**

- Identify pool deck type, color and pattern.
- Architectural rendering.
- Survey depicting location of proposed position on lot.
- Plans for fencing or screen enclosure.
- Proposed landscaping (see #10 below).

**9. Electrical Fixtures (exterior):**

- Description of proposed fixtures with maximum wattage.
- Placement location.

**10. Landscaping:**

- Drawing illustrating placement of proposed landscaping.
- Description of planting materials, including type, height and quantity.

**11. Outside Improvements/Repairs**

**NOTE: In some instances, the Association may require proof of current License,  
Bond, and/or Insurance of a contractor for a proposed improvement.**

**Any Architectural Renderings Submitted With An Application Will Be Returned To The Property Owner.**



# SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

\*\*\*DATE\*\*\*

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ***YOUR AGENT NAME & ADDRESS***		<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> <b>E-MAIL ADDRESS:</b>		<b>FAX (A/C. No):</b>
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> ***INSURANCE CARRIER NAME***		
		<b>INSURER B:</b> ***INSURANCE CARRIER NAME***		
		<b>INSURER C:</b> ***INSURANCE CARRIER NAME***		
		<b>INSURER D:</b> ***INSURANCE CARRIER NAME***		
		<b>INSURER E:</b> ***INSURANCE CARRIER NAME***		
		<b>INSURER F:</b> ***INSURANCE CARRIER NAME***		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	***POLICY NUMBER***	***DATE***	***DATE***	EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
<input type="checkbox"/>							MED EXP (Any one person) \$ 5,000
<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	***POLICY NUMBER***	***DATE***	***DATE***	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>	(IF APPLICABLE)			AGGREGATE \$
<input type="checkbox"/>	DED						\$
<input type="checkbox"/>	RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A <input checked="" type="checkbox"/>	***POLICY NUMBER***	***DATE***	***DATE***	E.L. EACH ACCIDENT \$ 500,000
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
<input type="checkbox"/>							E.L. DISEASE - POLICY LIMIT \$ 500,000
<input type="checkbox"/>							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Sky Lake Property Owner's Association, Inc is named as Additional Insured

**CERTIFICATE HOLDER****CANCELLATION**

Sky Lake Property Owner's Association, Inc 845 NW 9th Way Boynton Beach, FL 33426	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE ***AGENT SIGNATURE***

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