

PROCEDURES  
&  
METHODOLOGY  
FOR  
ITEMS REQUIRING  
ARCHITECTURAL  
REVIEW

## **ARCHITECTURAL REVIEW COMMITTEE PROCEDURE**

### **HOW THE PROCESS WORKS**

1. The Homeowner submits via certified mail his/her completed project information form, along with all necessary attachments to:  
Total Community Management  
Attention: David Goldstein for ARC  
2375 Bedford Avenue  
Bellmore, NY 11710

Note: To expedite this process, all information must be submitted in writing to the above address. Oral submissions or those made directly to a committed member will not be considered.

2. The completed application and its attachments will be reviewed by the ARC. If the committee is unclear as to your request, additional information may be requested.
3. After the committee has reviewed your request, it will be forwarded to the Board of Directors, along with the committee's recommendations, for approval. After the Board of Directors has given approval, you will receive written approval to commence work. You may receive a "conditional approval" which approves your request with specified modifications. Under these circumstances, you may commence work with the understanding that you are obligated to follow the modifications.
4. This process may take up to 60 days. During this time period, **NO WORK IS TO COMMENCE.**

**TO ASSIST US TO EXPEDITE THE PROCESS, IF ADDITIONAL INFORMATION IS REQUESTED, PLEASE RESPOND AS QUICKLY AS POSSIBLE.**

**Maidstone Landing Architectural Review Committee  
Unit, Contractor, Project Information**

Unit Information	_____
Unit Owner Name	_____
Unit Address	_____
Mailing Address	_____
Daytime phone	_____
Evening Phone	_____
E-mail address	_____
Date of Submission	_____
Est. Project Starting Date	_____
Nature of Improvement Requested (Briefly describe proposed work)	_____ _____ _____ _____ _____ _____ _____ _____ _____
Contractor Information	
Company Name	_____
Contact Name	_____
Company Address	_____
Company Address	_____
Business Phone Number	_____

**\*All unit owners must obtain and attach the contractors Certificate of Insurance Naming Maid stone Landing HOA as an insured party. In addition, an executed copy of the Contractors Certification must be included.**

**Maidstone Landing Architectural Review Committee**

**SITE PLAN**

**Unit Number** \_\_\_\_\_

**Please draw your proposed project above, or attach a separate copy of the work plan if available. It is important to indicate what is existing (building, planting ect...) and what is proposed.**

**MAIDSTONE LANDING HOA  
HOLD HARMLESS AGREEMENT**

I/we, \_\_\_\_\_ residing at  
\_\_\_\_\_ Riverhead, New York, 11901  
at Maidstone Landing, in order to induce the Board of Directors of the Homeowners  
Association/Board of Managers of Condominium \_\_\_\_\_ to allow me/us to install/alter/renovate  
the following:

\_\_\_\_\_

\_\_\_\_\_

hereby, agree to hold the Board of Directors, Homeowners Association and Condominium, harmless from any and all damages, liability, or injuries resulting to the common elements, individuals or other property by virtue of said installation/alteration and will pay for any repair thereto and/or for any damages resulting thereof and further agree to hold the Boards, the Association and Condominium harmless for any and all removal, reinstallation or maintenance expenses to said installation/alteration arising out the Board's need to maintain the common elements at the unit, including but not limited to the front/rear of the unit and the ground itself and to maintain the adjoining common elements and including but not limited to any fires due to installation/alteration. I/we further understand that any maintenance and/or replacement of the shrubbery will be done at my/our own expense.

Attached please find plans, evidence of contractor's insurance and proof that all necessary permits have been obtained. I/we understand that the contractor must remove all debris from

Maidstone Landing property.

**Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**STATE OF NEW YORK)**  
**COUNTY OF \_\_\_\_\_) ss:**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came  
\_\_\_\_\_ to me known, and known to  
me to be the individual(s) described in and who executed foregoing instrument and duly  
acknowledged to me that they executed the same.

**MAIDSTONE LANDING HOA  
Homeowners and Contractors Certification**

**Terms and conditions to accept work in the community:**

1. Work commencement: No work is to commence without receipt in written approval for the proposed project from the HOA or its representative.
2. Work hours: Workman are permitted between the hours of 7:30 A.M. and 6:00 P.M.
3. Debris removal: Any resulting debris must be carted away. No dumping of any materials whatsoever is permitted.
4. Placement of materials: Delivered materials will be placed as close to the job site as possible, to not inconvenience neighbors. Materials are to be placed on tarps and no material is to be placed on grass. The contractors will be instructed to consolidate material and tools daily before leaving job site.
5. Damage to property: Any damage from the contractor will be repaired at the homeowner's cost.
6. Inspection: Upon completion the homeowner will notify the Committee for inspection.
7. General compliance: It is the responsibility if the homeowners to see that all the above conditions are met in compliance with our by-laws and rules contained in the prospectus.

**I read and understand the above terms and conditions and will comply with the above stated conditions.**

Unit Owner Signature \_\_\_\_\_

Unit Owner Name (Print) \_\_\_\_\_ **Unit #** \_\_\_\_\_

Contractor Name \_\_\_\_\_

Contractor Address \_\_\_\_\_

Contractor Phone Number \_\_\_\_\_

Contractor Insurance Certification Number ID \_\_\_\_\_

**Maidstone Landing Architectural Review Committee**

**Final Site Inspection**

Unit Owner Name \_\_\_\_\_  
Unit Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Nature of Improvement  
(Briefly describe nature of improvement)**

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

**Upon inspection the above work was completed in accordance with the approved plan and all paper work has been properly submitted.**

**Signature**

**Printed Name**

Inspected by: \_\_\_\_\_

\_\_\_\_\_

Unit Owner: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_