

Architectural Modification Request

Owners Name: _____ Community Name: _____

Property Address: _____ Date of Request: _____

Owners Contact Number: _____ E-mail: _____

Reason for Request: _____

Please explain below what type of change(s) you are requesting approval for. Please include/attach as much information as possible, including but not limited to:

- Paint Samples
- Picture of Product
- Copy of proposal/contract
- Specifications for work to be done
- A copy of your property survey indicating the location & dimensions of installation/changes is required.

**** For all structural changes such as: pouring a patio/sidewalk slab, installing a fence, or extending a driveway, the homeowner/contractor must meet with the association's irrigation contractor and ensure that all sprinkler heads are capped lines are relocated from the area prior to approval being issued. This is done at the homeowner's expense and only the associations' contractor may work on the irrigation system. Additionally, any further damage to the sprinkler system during this exterior change (from start to end) will be at the sole expense to the homeowner. ****

Work MAY NOT proceed until approval is issued for the improvement(s) requested. All City and County permits and approvals are the responsibility of the homeowner/contractor to obtain. Requests may take up to 30 days for processing. Approval is only good for 1 year from date of approval.

Signature of Owner

Date _____

Signature of HOA Board Member

Date _____

Approved by Tracey Schnaitman
Property Manager on Behalf of Association

Date _____

Please submit all information to: VIP Property Management Specialists, Inc.
2531 Aragon Blvd.
Sunrise, FL 33322
(954) 748-6182-Fax (954) 748-6546
vip_mgmt@bellsouth.net

Vendor Insurance Requirements and Indemnification Agreement

All Vendors must carry and disclose evidence of: (1) Commercial General Liability Insurance (Vendor must maintain Statutory State of Florida Limits), (2) Must be a Licensed General Contractor (valid in the State of Florida only). Have Workers Compensation Insurance. If you hold a Workers Compensation exemption please provide a copy of your State of Florida exemption.

Name of Vendor: _____ (same as it appears on the W-9 form) & FEIN# _____
(Federal Tax Identification Number).

[_____] (the "Vendor") its successors and assigns, shall hold the Association and all of its past, current and future Board members harmless from any and all liabilities, damages, costs and expenses whatsoever, which in any way directly or indirectly relate to any claims or causes of action made or brought by anyone that are in any way related, directly or indirectly to claims related to the work performed by Vendor including but not limited to, to the fullest extent permitted by law, all such causes of actions or claims whatsoever, regardless of whether the cause of action or claim alleged is in tort or contract, or founded on a statute or other law, including claims or causes of actions that allege or establish that the Association was negligent and also including but not limited to claims by anyone for anything whatsoever including but not limited to vendors agents or employees claims of personal injury or claims of property damage by anyone including but not limited to unit owners. Separate consideration was provided for this indemnification clause by the Association to the Vendor, the receipt of which is hereby acknowledged by Vendor. Therefore, the provisions of this agreement shall be independent of all other obligations of the Vendor, and shall survive independently of any other agreement or obligations of Vendor and must be paid without regard to the defense of setoff or any similar or other defense based on issues that do not relate to the Indemnification Agreement. Without limitation, Vendor shall have no right of set-off or counter-claim with respect to the indemnity agreed to herein.

Vendor Signature: _____ Date: _____

ACKNOWLEDGMENT

STATE OF FLORIDA)
 : ss.
County of _____)

On the ____ day of _____, _____, before me, the undersigned Notary Public, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he has read and understood this agreement and agrees to be bound by same.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written.

Notary Public for Florida
Residing at _____
Commission Expires: _____