

SARATOGA BAY HOA
REQUEST FOR APPROVAL TO MODIFY PROPERTY

Name of Applicant _____
Property Address _____

Date _____
Lot # _____

In accordance with requirements of the Architectural Review Committee of the Declaration of Covenants, Conditions and Restrictions of the Homeowners Association Document to which I belong, I hereby request approval for the following property modification:

- Attach complete set of plans and specifications prepared by an architect, landscape architect, engineer or other qualified person, showing the nature, kind, shape, height, materials, color scheme and location of the requested modification.
- All applicable governmental permits or approvals must be obtained by the applicant and a copy furnished to the Architectural Review Committee before work begins.
- Applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
- Applicant, his heirs or assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of said modification.
- Approval of this request does not constitute approval of the structural integrity of the requested modification and is intended solely to maintain harmonious visual aesthetics within the community.
- A refundable security deposit is required for any damage to common property. Owner shall be held responsible for all damages to property resulting from improvement. Any excess damages over the deposit will be assessed to the homeowner as personally liable.
 - \$250 deposit if total cost of project is less than \$5,000
 - \$1,500 deposit if total cost of project is \$5,000 or greater
- If application is for the construction of a pool, please note the following irrigation requirements:
 - Irrigation lines must be identified and marked
 - Remove all irrigation main lines, lateral lines, electric valves, electric wires and sprinkler heads from pool construction area.
 - Cap all necessary irrigation lines
 - Reroute and reconnect the main irrigation lines and electric wires
 - Upon completion of the pool, redesign and install the sprinkler system around the pool.
- All applicable governmental permits or approvals must be obtained by the applicant and a copy furnished to the Architectural Review Committee before work begins. A copy of the Certificate of Completion is required to request a refund of the deposit.

Your approval is ____ Approved ____ Disapproved ____ Incomplete: _____

The following additional information is required or approval is conditioned upon:

Authorized Signature

Date

0 Request approval to paint house

Paint Color

Saratoga Bay Metal Roof Standards

1. Panels must be coated (painted) aluminum or Galvalume (steel); no textured surface.
2. Panel must be painted with coating containing 70% KYNAR 500 PVDT resin, no texture.
3. Panel must be standing seam type. Panel must be Nail Strip, Snap Lock or Mechanical Lock.
4. Panel width must be uniform, having a width of 14 to 18 inches.
5. Panels must be of striated type profile.
6. All panel fasteners (screws, bolts, clips) must be of stainless steel if using aluminum panels or Galvalume dipped/galvanized if using Galvalume panels. All panels fasteners must be concealed (standing seam)
7. Panels must be solid color, in **white** only. Approved colors below. If color is not listed, please submit a sample.
8. Roof penetrations (e.g. exhaust vent caps, pipes, skylight trim) must be painted white to match the roof panel manufacturer's color.
9. Drip edge, trim, caps, edges and the like, must be the same material and color as roof panels.

MFR/Brand

ATAS	Ascot White	Atas.com/colors
Berridge	Natural White	berridge.com/colors
Drexel	RegalWhite	drexelmetalshome.com
Englert	Bone white	enlertinc.com/metal roofing
Peterson/Pac-Clad	Bone white	pac-clad.com/specs/color
Ryerson/AlumaKlad	Regal white	
Sheffield	Regal white	sheffieldmetals.com
Metal Alliance	Regal white	
Metal sales	White & Polsr white	
Gulf Coast	Regal white & Solar White	
Integrity Metals	Solar White & Regal white	

ROOFING CONTRACTOR CONFIRMS THEIR INSTALLATION WILL CONFORM TO THE ABOVE STANDARDS:

Signature of Roofing Contractor

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Insurance Agency Name & Address	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Business Name & Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Carrier's Name	NAIC # XXXXXXXX
	INSURER B : Carrier's Name	XXXXXXXX
	INSURER C : Carrier's Name	XXXXXXXX
	INSURER D : Carrier's Name	XXXXXXXX
	INSURER E :	
	INSURER F :	

SAMPLE ONLY

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		POLICY NUMBER **Vendor: should always carry this policy with Minimum Limits of \$1,000,000 Each Occurrence / \$2,000,000 Each Aggregate	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 or Excluded OK PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 or 1,000,000 or Included \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			POLICY NUMBER **Vendor: Depending on Vendor if required to carry. Minimum Limits of \$1,000,000	Effective Date	Effective Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			POLICY NUMBER **Vendor: Not Mandatory, but Recommended	Effective Date	Effective Date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	POLICY NUMBER **Vendor: should Carry, Unless Exempt by the State, & policy is not needed** Minimum Limits: \$500,000	Effective Date	Effective Date	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Saratoga Bay Homeowners Association Inc is listed as additional insured. **should include a brief description of job/project
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CERTIFICATE HOLDER Saratoga Bay Homeowners Association Inc P.O. Box 220656 West Palm Beach, FL 33422	CANCELLATION 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
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