

**MAINLANDS SECTION 3
ARCHITECTURAL CONTROL COMMITTEE REQUEST**

DATE: _____

Homeowner's Name: _____

Property Address: _____

Phone Number : _____

ARCHITECTURAL REQUEST: Approval by the Architectural Control Committee for the following modification, alteration, or addition to my property is described below or attached to this form. (Attach survey with appropriate drawings).

PLEASE NOTE: (PERMITS MUST BE OBTAINED BY VENDOR FOR AIR CONDITIONING REPLACEMENT, WATER HEATERS, AND REPLACEMENT OF KITCHEN CABINETS, ELECTRICAL AND PLUMBING WORK.)

Project Commencement Date : _____ Project Completion Date : _____

***CONTRACTORS ARE REQUIRED TO REMOVE THEIR OWN DEBRIS AND PAID FOR BY THE CONTRACTOR OR THE UNIT OWNER ***

I understand that approval of my request is at the discretion of the Architectural Control Committee and is subject to the following terms:

1. Homeowner and/or contractor is responsible for obtaining all permits. (City of Tamarac permits are required)
All work is to conform to South Florida building code. Failure to get required permits will cancel all work.
2. Homeowner and/or contractor is responsible for submitting copies of professional licenses, certificates of insurance for contractor's liability, worker's compensation, auto insurance and copy of contract. Insurance certificates shall name the Association as additional insured. Please note that Non-exempt worker's compensation is NOT accepted.
3. Homeowner and/or contractor is responsible for any damage to common property or other personal property.
4. Any other terms deemed necessary by the Architectural Control Committee.

Homeowner's Signature: _____ Date: _____

Approval Mainlands 3: _____

Disapproval: _____ Disapproval Explanation : _____

Approval of this application, under **NO** circumstances, accepts any liability arising out of installation of any of the above listed items and hereby release and holds harmless, management firm, its employees, board of directors or agents.