

APPLICATION FOR ARCHITECTURAL BOARD REVIEW for RENOVATION PROJECTS

The purpose of this form is to assist owners in obtaining ARB approvals before beginning renovation projects. A successful approval process depends on the clarity of the project description, the details of the work and the completeness of this application. Please complete, sign and submit this ARB Renovation Application to the Property Manager to initiate the review process. Allow up to **30 days for final approval**.

ARB REVIEW PROCESSING FEE: \$100.00

OWNER AND PROPERTY INFORMATION

Owner Name: _____ Condo #: _____
 Mailing Address: _____ Projected Start date: _____
 _____ Projected Project Duration: _____
 Cell Phone: _____ e-mail address: _____

HIGH LEVEL DESCRIPTION OF THE PROPOSED PROJECT

1. Does the nature of the work affect or influence the building or unit:

a	Framing/walls/dry wall	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain
b	Flooring; include materials to be used and underlayment details	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain.
c	Floor Plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain
d	Original design of Common Elements, LCE, or Exterior of Unit	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain
e	Electrical	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain
f	Plumbing; incl water-proofing details	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain.
g	Insulation in walls; to reduce water flow noise	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain

2. Provide DETAILED description of proposed changes for EACH room to be renovated.

3. Attach drawing of Proposed Project and show location within the Unit.

4. **List all Contractors and Sub-Contractors**

#	Legal Business Name and Phone Number	Project Area	License #	Liability and Worker's Comp Insurance Co*
1				
2				
3				

*Attach a **Certificate of Insurance** naming the Association as the certificate holder or as additional insured. This proof of insurance is to be issued by an **insurance company of agent**, for each contractor performing work.

5. **Permits**** are required by Duval County for Units in a condominium association remodel project just as they would be for a single-family dwelling. Permits are generally required whenever you are adding, moving or replacing plumbing or electrical conduits. Your contractor can assist with pulling the appropriate permits based on the scope of your project.

****Attach copies of permits** pulled for your project to complete this application.

REMINDERS AND HELPFUL TIPS

1. A successful renovation project depends on the establishment and maintenance of good working relationships between the owner, the neighbors, property manager, the contractors and Duval county building inspectors and any other stakeholders of the Association.
2. All projects must conform the Association Declarations and Rules.
 - a. Reference Declarations Sections 3.3; 5.0,
 - b. Association Rules 18
3. The Lower Boundary of a Unit is the **upper side** of the concrete slab upon which the unit is affixed; the Association does not permit any drilling **into** the slab.
4. All projects must conform to the Duval County building codes inclusive of permits.
5. Waterproofing is a vital element of all bathroom remodeling projects. Homeowners are encouraged to consider the Schluter Shower System as a watertight system for tiled showers to eliminate the risks of water or vapor penetration.
6. All business entities must be properly licensed with the Florida Division of Corporations.
7. Extensive renovation projects, e.g.; gutting and rebuilding Unit interior or impact to exterior walls due to window replacement may require an engineering analysis. The owner is responsible for associated fees.
8. All projects will require a REFUNDABLE security or damages deposit of up to \$3000.00 which is due to the Association prior to of the start of the project. \$100 may be deducted for each violation of the renovation policy and procedures.
9. Construction Project should be completed in 90 days or advise Property Manager of delays.

Unit Owner's Signature: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY THE ARB

- Denied (see notes below)
- Approved as Submitted
- Approved with Required Changes (see notes below or on attached plans, drawings or survey)

Review Notes/Comments:

ARB Member Signature/Date

ARB Member Signature/Date

ARB Member Signature/Date

ARB Member Signature/Date

Board of Directors Meeting and Approval Date

Return form to MSP Condo Association, c/o Sovereign & Jacobs, e-mail address passistant@sovereign-jacobs.com or fax to 904-471-7855.