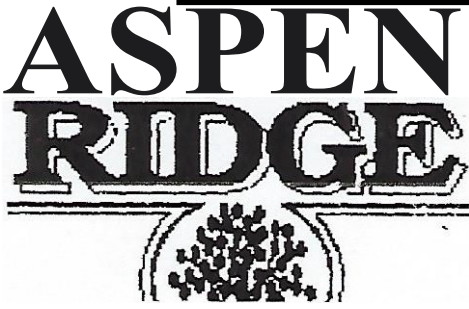


ARCHITECTURAL & LANDSCAPE PROJECT REQUEST

14444 PARKER RIDGE COURT, DELRAY BEACH FL 33484. PHONE / FAX 5 61-495 - 3803.
EMAIL ONSITE@MYASPENRIDGE.COM



The Board of Directors

Joe Albergo	- President
Karla Rubenstein	- Vice President
Robin Hunt	- Treasurer
Diana Kapras	- Secretary
Marvin Schneider	- Director

Office Phone / Fax: 561-495-3803
Email: onsite@myaspenridge.com
Homepage: www.myaspenridge.com

14444 Parker Ridge Court

Delray Beach FL., 33484

ARCHITECTURAL & LANDSCAPE REQUEST CHECKLIST

NAME:

ADDRESS: - - - - -

- APPLICATION REQUEST

- DIAGRAM/PLOT PLAN/PAINT SAMPLE

- CONTRACTOR INFORMATION
 - PROOF OF LICENSE
 - PROOF OF LIABILITY INSURANCE
 - PROOF OF WORKERS COMP INSURANCE

- HOMEOWNERS RESPONSIBILITY FORM



ARCHITECTURAL & LANDSCAPE REQUEST RESPONSIBILITIES

I UNDERSTAND THAT NO RESIDENCE, BUILDING, OUTBUILDING, GARAGE, SWIMMING POOL FENCE, WALL OR OTHER STRUCTURE OR IMPROVEMENT OF ANY KIND OR NATURE WHATSOEVER SHALL BE ERECTED, CONSTRUCTED, PLACED, MAINTAINED, ALTERED, REPAIRED OR REMODELED, ON ANY RESIDENTIAL LOT OR ANY PART THEREOF; NOR SHALL ANY TREES, SHRUBS, BUSHES OR OTHER LANDSCAPING BE INSTALLED, PLANTED, REMOVED OR DESTROYED WITHOUT PRIOR WRITTEN APPROVAL OF THE ARCHITECTURAL & LANDSCAPE REVIEW COMMITTEE. IN ADDITION I UNDERSTAND THE FOLLOWING:

- 1) ALL NECESSARY BUILDING PERMITS WILL BE APPLIED FOR AND RECEIVED PRIOR TO THE COMMENCEMENT OF THE START OF ANY WORK ON THE PROJECT. COPIES OF WHICH WILL BE SUPPLIED TO THE ASPEN RIDGE ARCHITECTURAL & LANDSCAPE REVIEW COMMITTEE UPON RECEIPT.
- 2) THE NAME AND CONTACT INFORMATION OF THE CONTRACTOR (IF APPLICABLE) PROOF OF PROPER LICENSING AS WELL AS PROOF OF LIABILITY AND WORKERS' COMPENSATION WILL BE SUPPLIED TO THE A & L REVIEW COMMITTEE ALONG WITH THE APPLICATION. ASPEN RIDGE POA WILL NEED TO BE LISTED AS AN ADDITIONAL CERTIFICATE HOLDER ON THE INSURANCE CERTIFICATES.
- 3) NEITHER THE ASSOCIATION ITS MEMBERS OR REPRESENTATIVES SHALL BE HELD RESPONSIBLE FOR ANY COSTS, EXPENSES AND LIABILITIES, INCLUDING LEGAL FEES REASONABLY INCURRED BY OR IMPOSED ON SUCH MEMBERS IN CONNECTION WITH ANY CLAIM, DEMAND OR

PROCEEDING IN RELATION TO THIS PROJECT; AND THE OWNER AGREES TO HOLD HARMLESS AND INDEMNIFY THE ASSOCIATION, ITS MEMBERS AND REPRESENTATIVES FROM ANY LOSS, CLAIM OR DAMAGES IN CONNECTION WITH THIS A & L PROJECT.

- 4) THE OWNER ASSUMES FULL RESPONSIBILITY AND COSTS INCURRED FOR THE PROJECT'S FUTURE UPKEEP AND ANY WORK OR MAINTENANCE AS IT PERTAINS TO THIS PROJECT.
- 5) THE OWNER WILL BE RESPONSIBLE TO PAY FOR ANY DAMAGE INCURRED TO ASPEN RIDGE PROPERTY, INCLUDING ALL COMMON AREAS, ROADS, SPRINKLERS, MAILBOXES, STREET SIGNS, ETC., DURING THE COURSE OF THIS PROJECT; AND IS TO BE NAMED AS AN ADDITIONAL INSURANCE CERTIFICATE HOLDER, LISTED AS ASPEN RIDGE POA.

HOMEOWNERS SIGNATURES:

_____	_____
HOMEOWNER	DATE
_____	_____
HOMEOWNER	DATE

ASPEN RIDGE PROPERTY OWNERS ASSOC/ATIO INC.
Architectural & Landscape Design Project Application

DATE OF APPLICATION: _____

Address: _____
Email _____ Phone #: _____

PLANS & SPEC/FICAT/ONS: (must include a plot plan &for color sample, when applicable)

Description of Project: (Example: Color, Size, Shape, Etc....) _____

Estimated time for completion: _____ Start Date: _____ End Date: _____

Name of Contractor/Company: (if applicable) _____

Address: _____

Contact Person: _____ Phone #: _____

Homeowner's Signature _____, Date: _____

PLEASE DROP OFF APPLICATION AND ALL APPROPRIATE PAPERWORK & SAMPLES TO THE OFFICE. PLACE IN THE MAIL-SLOT ON THE OFFICE DOOR IN THE CLUBHOUSE IF THE OFFICE IS CLOSED-HOURS M-F-11AM TO 1PM.

PLEASE ALLOW UP TO 30 DAYS FOR THE REVIEW PROCESS, A RESPONSE WILL BE SENT VIA U.S. MAIL & EMAIL.

FOR USE BY THE ARCHITECTURAL & LANDSCAPE REVIEW COMMITTEE:

****Security Deposit Required: (YES / NO) Amount: \$ _____ ****

Comments: _____

ALL APPLICABLE PERMITS MUST BE SUBMITTED TO THE A & L COMMITTEE PRIOR TO BEGINNING ANY WORK ON THIS PROJECT.

Signature: _____ Date _____ (ACCEPT/DECLINE)

Signature: _____ Date _____ (ACCEPT/DECLINE)

Signature: _____ Date _____ (ACCEPT / DECLINE)

(**** A SECURITY DEPOSIT MAY BE REQUIRED FOR CERTAIN PROJECTS, TO BE DETERMINED BY THE A&L COMMITTEE. UPON COMPLETION OF THE APPROVED PROJECT, HOMEOWNER MUST NOTIFY THE A&L COMMITTEE, AT WHICH TIME, THE SECURITY DEPOSIT, EITHER PARTIAL, FULL OR NONE AT ALL, MAY BE REFUNDED WITHIN 30-DAYS AFTER SUCH TIME. ***)