

ARCHITECTURAL & LANDSCAPE PROJECT REQUEST

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**14444 Parker Ridge Court Delray Beach FL., 33484**

**ASPEN**

***The Board of Directors***

Joe Albergo - President

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**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

□H OMEOWNERS RESPONSIBILITYFORM

**14444 Pa**•**rker Ridge Court Delray Beach FL., 33484**

**RIDGE**

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.

1. 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

Aspen Ridge POA A & L Request Responsibilities

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PROCEEDING IN RELATION TO THIS PROJECT; AND THE OWNER AGREES TO HOLD HARJ\1LESS AND INDEMNIFY THE ASSOCIATION, ITS MEMBERS AND REPRESENTATIVES FROM ANY LOSS, CLAIM OR DAMAGES IN CONNECTION WITH THIS A & LPROJECT.

1. 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.
2. 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***

***DATEOF APPLICATION: \_***

 Name: ------------------------------------------------------------------

Address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_:L:.:Oe..st#:.:.. \_ \_ \_ \_ \_ \_

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: $ \*\*""'

Commnts : - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**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** *I* **DECLINE)**

(\*\*\*\* A SECURITY DE POS I T MAY BE REQUI RED F OR CERTAI N PROJ ECTS , TO BE DETERMI NED BY THE A&L C OMMI TTEE . UPO N COMP L E T I ON OF THE APPROVED PROJ ECT , HOMEOWNE R MUST NOTIFY THE A&L COMMI TTEE , AT WHICH T I ME , THE S ECUR I T Y DEPOS I T, EI THER PART I AL , FULL OR NONE AT ALL, MAY BE REFUNDED WI T HI N 3 0 - DAYS AFTER SUCH T I ME . \* \* \* )

Updated March 2025