

# **LAKE CLARKE GARDENS CONDOMINIUM, INC.**

2981 Florida Mango Road  
Lake Worth, FL 33461  
Telephone (561) 965-8487, Fax (561) 965-0986  
Email: [applications@lakeclarkegardens.com](mailto:applications@lakeclarkegardens.com)

## **ARCHITECTURAL APPLICATIONS & STANDARDS**

### **PLEASE READ THE FOLLOWING INFORMATION ABOUT SUBMITTING AN APPLICATION**

The Architectural Review Committee (ARC) will try to review and approve these applications as quickly as possible, within five to ten business days. Please submit one application including all requested improvements or changes. Applications must be mailed or delivered to the Attention of the Property Manager at the Lake Clarke Gardens (LCG) Management Office at the address above. Each application must be filled out completely. If an application is incomplete, it will be returned to the unit owner, delaying the review process. The ARC may request additional information. Owners will be notified by mail, phone or email of approval or non-approval. **No work is to be started until owners have been notified and they have been given an LCG permit form to put in their window, as the work is being done.**

Any proposed change in the interior appearance of any Unit wall, and/or floor covering, any proposed structure change or improvement, and/or finish, awnings, shutters, hurricane protection, decorative plaques, or accessories, shall be deemed an alteration requiring approval from the Architectural Review Committee. Excluded from this requirement is any interior decoration involving painting of wall(s) by unit owner.

Also requiring Architectural Review Committee approval is (1) any proposed work involving electrical; plumbing, air conditioning, and/or other fixture(s) or element(s), including utility elements, supplied by a source outside the unit, and/or (2) any proposed work to be done by any company, vendor, contractor, other entity, etc. must provide to the LCG Management Office proof of all legally required license(s), insurance, and other documents, and must register in the Office whenever on the LCG property to do work, inspections, etc. Contractor is to provide Palm Beach County Permit (when required) to be posted in visible area.

Changes that are not allowed are anything outside of your Unit, except for the windows and hurricane shutters. No changes can be made to the landscaping, outside walls, walkways, etc., parking areas or any other common areas around the buildings.

Each application must be submitted with detailed information about the proposed improvement(s). To better help the application process, please include all information that would be helpful in reviewing the proposed improvement(s), including location, size, and types of materials, and, where appropriate, pictures, brochures, plans, diagrams, etc.

If work approved by the Architectural Review Committee has not commenced by ninety (90) calendar days after the date of approval, or if the work has commenced but has not been completed by one hundred and eighty (180) calendar days after the date of approval, the approval will expire, so that the requested and approved work shall not commence or recommence unless a new application for approval has been approved by the Architectural Review Committee.

*Revised as of: 12/01/2022*

**LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION  
ARCHITECTURAL REVIEW COMMITTEE  
ARCHITECTURAL CHANGE APPLICATION**

**PLEASE PRINT** – FILL OUT BOTH SIDES OF APPLICATION AND SUBMIT WITH **ALL** MATERIALS NEEDED FOR THE COMMITTEE TO REVIEW.

Date (Month, Day, Year) of this application: \_\_\_\_\_

PRINT Name(s) of Unit Owner(s): \_\_\_\_\_

Street Address (City, State, Zip Code): \_\_\_\_\_

LCG Building No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SUBMIT ONE APPLICATION DESCRIBING EACH IMPROVEMENT- APPLICATION MUST INCLUDE:**

**Estimated Start & End dates:** \_\_\_\_\_

1. Copy of Blueprints (if applicable) e.g., Wall removal, kitchen cabinets, plumbing, electrical. \*
2. Type(s) of Materials to be used (Tile, Wood, etc.)
  - a. Size \_\_\_\_\_
  - b. Color(s) \_\_\_\_\_
  - c. Attach Plans, Diagrams (where applicable), **Pictures of existing conditions**

**BRIEF DESCRIPTION OF EACH IMPROVEMENT** (Attach separate page(s) if necessary):

Flooring (Describe which rooms, & underlayment) \_\_\_\_\_

Kitchen Remodel: \_\_\_\_\_

Bathroom Remodel: \_\_\_\_\_

Electrical (Req. County Permit) \_\_\_\_\_

Plumbing (Req. County Permit) \_\_\_\_\_

AC Unit (Req. County Permit) \_\_\_\_\_

Impact Windows (Req. County Permit) \_\_\_\_\_

Construction (May Req. County Permit) \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Proof of County Permit **MUST** be presented **BEFORE** starting work. (When applicable)

\*Items such as but not limited to: Windows, structural improvements, plumbing, and electrical work is **REQUIRED** to be completed by a licensed contractor.

**LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION  
ARCHITECTUAL REVIEW COMMITTEE**

**ARCHITECTURAL CHANGE APPLICATION**

**COMPANY, VENDOR, CONTRACTOR INFORMATION:**

If a company, vendor, or contractor, etc. is to be hired to do the proposed work, their information must be included in this application.

**ATTACH:**

1. Certificate of Liability Insurance with Lake Clarke Gardens as the certificate holder
2. Workers Compensation Insurance
3. County or State Business License

Name, Address, Telephone Number, and/or email address:

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**DO IT YOURSELF (DIY) INFORMATION:**

If the proposed work is to be done by yourself, family member, or friend, that is **NOT** a licensed contractor, their contact information must be included in this application.

Name, Address, Telephone Number, and/or email address:

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**Unit Owners** doing the work themselves or having a family member/friend do it, **MUST SIGN A WAIVER OF LIABILITY** releasing **Lake Clarke Gardens Condominium Association** of any liability and are responsible for any and all damage that may result from their negligence.

**ALL APPLICATIONS MUST BE MAILED OR DELIVERED WITH A \$500.00 REFUNDABLE  
DEPOSIT (CHECK OR MONEY ORDER) TO:**

LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION  
2981 FLORIDA MANGO ROAD, LAKE WORTH, FL 33461

Management Office Telephone: (561) 965-8487

Email Address: [applications@lakeclarkegardens.com](mailto:applications@lakeclarkegardens.com) or [office@lakeclarkegardens.com](mailto:office@lakeclarkegardens.com)

Once the renovation is completed, please contact the LCG office about retrieving your \$500 deposit.

LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION  
ARCHITECTURAL REVIEW COMMITTEE

**ARCHITECTURAL CHANGE APPLICATION**

**SPECIFICATIONS AND REQUIREMENTS FOR COMMON RENOVATIONS:**

**ALL Renovations require pictures before, during, and after the work is completed.**

**Flooring:**

Any flooring that is installed, except for carpeting, on **ALL** floor levels, **including the 1<sup>st</sup> floor and the balcony/lanai**, will require an underlayment with a **Sound Transmission Class (STC) of 52 or better**. The association prefers you to use waterproof all rubber underlayment for the best results but is not required as long as chosen material meets the STC requirement.

Please provide and attach a data sheet for the flooring that lists the required underlayment specifications.

A picture **must** be provided in all areas before tile, wood, etc. is put down and either an LCG or ARC representative will inspect it.

**Impact Windows:**

Any installation of impact windows is required to have a county permit.

Window frame must be white in color.

Please provide and attach any contracts or receipts of impact window installation.

**Cabinets:**

If you are replacing or installing new cabinets in either the bathroom or kitchen, please provide a picture of the plumbing underneath the sink to ensure no plumbing work will be required for this renovation.

If you are changing the layout of the kitchen or bathroom to install new cabinets, please provide pictures, plans, etc. of the current and proposed layout.

# LAKE CLARKE GARDENS CONDOMINIUM INC.

## RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

### Please return this form to:

Lake Clarke Gardens  
2981 Florida Mango Rd  
Lake Worth, FL 33461  
Phone: 561-965-8487  
Fax: 561-965-0989

This Release, Indemnification and Hold Harmless Agreement ("Release") is executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the undersigned Owner(s) of Lake Clarke Gardens located in \_\_\_\_\_ ("Building and Unit").

**NOW, THEREFORE**, In consideration for being permitted the benefit of allowing the undersigned homeowner to perform Work within the undersigned's Unit and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned specifically agree to the following:

1. The above recitals are true and correct and are incorporated herein by reference.
2. The undersigned agrees that any Work furnished by the undersigned will be performed at the undersigned's sole cost and expense.
3. The undersigned acknowledges that the Work performed by the undersigned shall be at the undersigned's sole risk. The Association shall have no responsibility or liability for the Work performed.
4. The undersigned agrees not to assert any claims and hereby release, indemnify and hold harmless the Association and their directors, officers, members, the owner(s), agents and employees (the "Indemnified Parties") from and against all claims, damages, losses and expenses, including attorney's fees, at both the trial and appellate level, arising out of or resulting from the performance of the Work in the undersigned's unit. This Release and the indemnification provided herein shall extend even to those situations where the claims for damages to persons or property may be caused in whole or in part by any negligent act or omission of the Indemnified Parties.
5. The Association shall have the right to eliminate, limit or condition performance of the Work as the Board of Directors may reasonably determine from time to time in the exercise of its sole discretion.
6. The undersigned understands that I am responsible to ensure that all necessary permits are obtained from the appropriate Palm Beach County Building, Zoning, and/or Permitting Departments/Offices.
7. The undersigned understands that I am responsible for any damage done to the Lake Clarke Gardens Common Areas, to any LCG building, to other condominium units, and/or to any other person's self and/or property as a result of the work involved with this project.
8. The undersigned agrees to allow authorized Inspectors to enter the property where the work is located during and/or after completion of the work.

9. The undersigned has read and agrees to abide by the provisions and stipulations of the Lake Clarke Gardens Condominium, Inc/ Lake Clarke Gardens Condominium Association (hereinafter "the Association") Covenants and Restrictions and other appropriate documents, including the Association's *Articles of Incorporation*, the *Declaration of Condominium* for the Association Building(s) where the work will take place, the Association's *By-Laws, Rules and Regulations*, and all appropriate Association Policies.
10. **The undersigned agrees to ensure that the work involved with the project described in this application will be conducted only within the hours and days permitted by Association Policies, which is Monday through Saturday from 8:00 AM to 5:00 PM, and that there will be no excessive noise that would be offensive to other residents in Lake Clarke Gardens.**
11. **The undersigned agrees to ensure that any and all debris, powder, stains, dirt, trash, and/or other items and/or "mess" outside my condominium unit resulting from the work involved with the project described in this application will be thoroughly cleaned up in a timely manner and at no expense to the Association.**
12. **The undersigned agrees that I will not put any old material removed from a Unit into the Building Trash Dumpster. I will be responsible for having old material removed from the property.**
13. The partial or complete invalidity of any one or more of the provisions of this Release shall not affect the validity or continuing force and effect of any other provision.
14. The undersigned act acknowledges agree that all provisions of this Release shall be binding on the undersigned as well as the undersigned's heirs, legal representatives and, assigns.
15. The undersigned have read this Release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.
16. **Failure to comply with the above may result in forfeit of your deposit.**

**IN WITNESS WHEREOF**, the undersigned have executed this Release on the day and year set forth above.

Lake Clarke Gardens Management

Owner(s)

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

**LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION  
ARCHITECTURAL REVIEW COMMITTEE**

**ARCHITECTURAL CHANGE APPLICATION**

For this Application: \_\_\_\_\_  
(Print Building No., and Name of Unit Owner)

**ARCHITECTURAL REVIEW COMMITTEE RECOMMENDATION**

Date (Month, Day, Year) Application Received in Management Office: \_\_\_\_\_

ARC Meeting Date(s) Application was reviewed: \_\_\_\_\_

**Check appropriate box with regard to whether requested Architectural Change Request:**

- Will meet code standards and LCG standards and requirements
- Approved pending receipt of county permits; work CANNOT begin without copy of permit
- Does not meet code standards and/or LCG standards and requirements

Comments: \_\_\_\_\_

\_\_\_\_\_

| Recommendation Date | Printed Name of ARC Signer | Full Signature of ARC Signer |
|---------------------|----------------------------|------------------------------|
| 1. _____            | _____                      | _____                        |
| 2. _____            | _____                      | _____                        |
| 3. _____            | _____                      | _____                        |

**PROPERTY MANAGER REVIEW AND ACTION**

This Architectural Change Request is:

- Approved
- Not approved (See comments)

\_\_\_\_\_  
(Date signed)                      (Printed Name of Property Manager)                      (Signature of Property Manager)