

LAKE CLARKE GARDENS CONDOMINIUM, INC.

2981 Florida Mango Road

Lake Worth, FL 33461

Telephone (561) 965-8487, Fax (561) 965-0986

Email: office@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 days. Please submit one application per requested improvement or change. 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.

**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 THIS APPLICATION.

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 Numbers:() _____ Fax: () _____

SUBMIT ONE APPLICATION PER IMPROVEMENT – APPLICATION MUST INCLUDE:

1. Copy of Blueprints (if applicable)
2. Type(s) of Materials to be Used:
 - a) Size:
 - b) Color(s): _____
 - c) Plans, Diagram(s), Picture(s) (whatever is applicable)

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

COMPANY, VENDOR, CONTRACTOR, ETC, INFORMATION:

If a company, vendor, contractor, etc, is to be hired to do the proposed work the following information about that company, vendor, etc., must be included with this application:
If Unit Owner or relative to do work write below work to be done by self.

Name, Address, Telephone Number:

Copies of the Company's/Vendor's/Contractor's/Etc:

1. Certificate of Liability Insurance with Lake Clarke Gardens as the Certificate Holder
2. Workers Compensation Insurance
3. Required Palm Beach County/State of Florida License(s)

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

ARCHITECTURAL CHANGE APPLICATION

OTHER INFORMATION:

Anticipated Commencement Date of Work (Month, Day, Year): _____

Date of Completion (Month, Day, Year) (estimated): _____

UNDERSTANDING AND AGREEMENTS:

I understand 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.

I understand 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.

I agree to allow authorized Inspectors to enter the property where the work is located during and/or after completion of the work.

I have read and agree 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.

I agree 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.

I agree 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.

I agree 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.

Printed Full Name of Applicant

Full Signature of Applicant

Date (Month, Day, Year) This Application Signed by Applicant: _____

**ALL APPLICATIONS MUST BE MAILED OR DELIVERED WITH A \$250.00
REFUNDABLE DEPOSIT TO:**

PROPERTY MANAGER
LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION
2981 FLORIDA MANGO ROAD, LAKE WORTH, FL 33461-6299

Management Office Telephone: (561) 965-8487
EMAIL Address: office@lakeclarkegardens.com

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

ARCHITECTURAL CHANGE APPLICATION

**SPECIFICATIONS FOR HARD FLOORING AND
SOUNDPROOFING UNDER HARD FLOORING**

Hard flooring (tile, wood, etc) must be approved by the Association.

All requests for authorization to install hard flooring must be submitted to and approved by the Association.

Any flooring except carpet must have a minimum sound transmission class (STC) of 52. Submission of Material DATA Sheets are required for anything other than cork. Cork must be ¼” thick.

Upon approval by the Association and after the soundproofing materials are applied, an inspection by a representative of the Association is required and pictures will be taken to document compliance prior to the installation of the hard flooring. Soundproofing is not required on balconies. All grout work on tiles needs to be finished up with a sealer. This will prevent water from seeping under the tiles.

By following these procedures, you may prevent complaints from your neighbors concerning noise transmission between your apartment and the apartment below or alongside.

Approved for the Board of Directors

Rev: 8/4/16

Updated: 10/27/2007, 12/01/10

Original: 04/17/2000

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

ARCHITECTURAL CHANGE APPLICATION

For this Application: _____
(Print Building No., Unit 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: (1) _____

(2) _____ (3) _____

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

Will Meet Code Standards and LCG Standards and Requirements

Does not meet Code Standards and LCG Standards and Requirements.

COMMENTS: _____

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

PROPERTY MANAGER REVIEW AND ACTION

This Architectural Change Request is:

Approved Not Approved (See Comments)

COMMENTS: _____

(Date Signed) (Printed name of Property Manager) (Signature of Property Manager)

Date Notification Letter mailed to Unit Owner: _____