

**CHECKLIST FOR ARCHITECTURAL REVIEW**

**THIS CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION**

- PLEASE COMPLETE THIS CHECKLIST AND SUBMIT WITH THE ACC APPLICATION ALONG WITH ALL MATERIALS NEEDED TO PROCESS\*

SUBMIT ONE (1) APPLICATION PER IMPROVEMENT

DO NOT SUBMIT THE APPLICATION UNLESS ALL REQUIRED INFORMATION IS COMPLETED.

**APPLICATION MUST INCLUDE:**

- Copy of Property Survey, marked location of improvement, if applicable
- Copy of Blueprints, if applicable
- Picture (s) /Image (s) / Sample (s)/ Color of Material Used, if applicable

**CONTRACTOR INFORMATION**

If you are contracting a company to do this work, the following must be included:

- Certificate of Liability Insurance- Not expired
- Workman's Compensation Insurance or Exemption- Not expired
- Contractor's County License - Not expired

\*INSURANCE FORMS: CERTIFICATE HOLDER (bottom left corner) MUST READ AS FOLLOWS:

COUNTRY GREENS AT WESTCHESTER HOA, INC. c/o  
CAMPBELL PROPERTY MANAGEMENT  
9897 LAKE WORTH RD., SUITE 304  
LAKE WORTH, FL 33467

**WAIVER OF LIABILITY**

If approval is granted, it is not to be construed to cover approval of any county code requirements. A building permit from the Palm Beach County Building Department is needed on most property alterations or improvements.

As a condition precedent to granting approval for any request for change, alteration or addition to an existing basic structure; the applicant, the heirs, and assigned thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such approved change, alteration, or addition. It is understood and agreed that the ASSOCIATION and MANAGEMENT COMPANY are not required to take any action to repair, replace, or maintain any such approved change, alteration, or addition or any damage resulting there from for any reason to the existing original structure or any other property. THE UNIT OWNER ASSUMES ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE, AND IT'S FUTURE UP KEEP.

The undersigned hereby agrees that any and all liability caused by or arising from any acts which may increase the hazard of susceptibility to loss on the described premises shall not be held against the ASSOCIATION or MANAGEMENT COMPANY "as their interest may appear", and they shall be held harmless for any liability arising there from and indemnify them for all the losses, costs, expenses and attorney's fees in connection with any such addition/ alteration to their unit.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

Date: .....

Date: .....

# Country Greens at Westchester Homeowners Association, Inc.

Request For: - Architectural Modification \_\_\_\_\_ Landscape Modification \_\_\_\_\_

**COUNTY PERMITS, SET-BACK REQUIREMENTS AND ENCROACHMENTS ARE HOMEOWNERS RESPONSIBILITY.**

**HOMEOWNERS ARE RESPONSIBLE TO ENSURE THEIR CONTRACTOR OBTAINS ANY PERMIT THAT MAY BE REQUIRED AND MEET ALL COUNTY CODES THAT MAY APPLY.**

Application# \_\_\_\_\_ Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Unit Owner (Applicant): \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alt#: \_\_\_\_\_

Email: \_\_\_\_\_

**Subject Requested:** (Please describe in detail, including materials, size, color, name of plants. Show measurements in drawing attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Drawing** [must show placement of requested item(s) and measurement(s)] to be submitted on a separate paper.

ANY LANDCAPTNG CHANGE WHICH DAMAGES SPRINKLER HEADS OR IRRIGATION PIPES WILL BE THE RESPONSIBILITY OF THE HOMEOWNER. IF DAMAGE IS NOT REPAIRED; THE HOA WILL REPAIR SAME AND BILL YOU.

I hereby make application to the above named community for the above described item to be approved TN WRITING, PHONE, OR EMAIL by the ArchitecttIral / Landscape Committee and the Board of Directors. I understand that the approval of my request must be granted before the job can be started and acknowledge that I could be forced to have the item removed if it is installed without approval.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*RESIDENTS TO ASSUME ALL COSTS AND LIABILITY\*\***

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Committee Member: \_\_\_\_\_