



## **ARB APPLICATION CHECKLIST** (Revised 8/23/2023)

Here is the checklist for the packet to be completed for Architectural Review Board Modification Form (ARB). All applications must be completed in full, otherwise they will not be accepted and will be returned.

1. \_\_\_\_\_ Property Owners (**NOT Vendors**) must carefully and completely fill out the 3 forms that are attached to this list.
2. \_\_\_\_\_ Obtain a **VALID** copy of the Vendor's Business License, Commercial General Liability, Automobile Liability (any autos), Umbrella Liability (excess liability covers each occurrence & aggregate claim) & Workers Compensation Certificate (from State of Florida.

If the vendor does not have Workers Compensation, then a copy of the Workers Comp. Exemption Form must be included.

3. \_\_\_\_\_ Obtain 3 Certificates of Liability Insurance from your Vendor. All Certificates can be provided on the same Certificate of Liability Form. There must be a **VALID** policy covering job dates. They should be completed as follows:
  - a. \_\_\_\_\_ 1 made out to You (Owner/Resident) with full name and address of where job will be performed.
  - b. \_\_\_\_\_ 1 made out to your HOA/Management Company with their full address.
  - c. \_\_\_\_\_ 1 made out to River Bridge POA – 100 River Bridge Blvd., Greenacres, FL 33413.
4. \_\_\_\_\_ Obtain a copy of Vendor's "Waiver of Subrogation" Form (Listing "Certificate Holders" as additional insured)
5. \_\_\_\_\_ Must include a brochure and or color pictures of the material.
6. \_\_\_\_\_ Once packet is complete, have it reviewed and signed by your HOA Association ARB Representative, Board President, or HOA Property Manager.
7. **No electronic signatures, please.**
8. \_\_\_\_\_ When everything is complete, please make 3 identical copies of the entire packet and turn it into the River Bridge POA office. (The POA will NOT make copies for you.) **NO ELECTRONIC SUBMISSIONS WILL BE ACCEPTED.**

### **IMPORTANT:**

Applications must be approved by your HOA first, then turned into the POA ARB for final approval. POA ARB meets the second Friday of each month.

**RIVER BRIDGE PROPERTY OWNERS ASSOCIATION**

**ARB MODIFICATION COMMITTEE**

THIS FORM IS TO BE USED WHEN REQUESTING A MODIFICATION, ALTERATION OR ADDITION TO THE EXTERIOR OF YOUR HOME OR PROPERTY THAT IS VISIBLE. Request should be directed to your Individual Island Condominium, Homeowners or Community Association. Your Association will review this request to make sure it is in compliance with its' documents, complete the Sub-Association section and forward to the POA-ARB Committee with their comments. If you should have any questions, please call the POA office at 968-6054 or your local HOA Modification Chairperson.

**OWNERS' SECTION:**

**SUB-ASSOCIATION NAME:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**MAILING ADDRESS, IF DIFFERENT FROM ABOVE:** \_\_\_\_\_  
=====

**APPROVAL IS HEREBY REQUESTED TO MAKE THE FOLLOWING MODIFICATION(S), ALTERATION(S) OR ADDITION(S) AS DESCRIBED AND DEPICTED BELOW. (Please include such details as the nature, kind, shape, color, size, material, location, and any other pertinent data. A drawing or sketch as well as a copy of your survey is required for any kind of construction).**

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

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE OF REQUEST:** \_\_\_\_\_

**SUB-ASSOCIATION SECTION:**

**APPROVED IN COMPLIANCE WITH OUR HOA MODIFICATION STANDARDS**

**DISAPPROVED** **COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE & PRINTED NAME OF SUB-ASSOCIATION REPRESENTATIVE** **DATE**

**ARB COMMITTEE SECTION:**

**DATE RECEIVED:** \_\_\_\_\_

**APPROVED** **COMMENTS:** \_\_\_\_\_

**DISAPPROVED** \_\_\_\_\_

APPROVAL OF ANY MODIFICATION, ALTERATION OR ADDITION DOES NOT WAVE THE NECESSITY OF OBTAINING THE REQUIRED FEDERAL, STATE, COUNTY, CITY OR APPLICABLE AGENCY APPROVAL(S) OR PERMIT(S).

\_\_\_\_\_  
**SIGNATURE & PRINTED NAME OF ARB COMMITTEE (BOARD OF GOVERNORS DELEGATE)** **DATE**

**WAIVER OF LIABILITY**

Print Name: \_\_\_\_\_ (hereinafter "Owner")  
of \_\_\_\_\_, Greenacres, FL (Unit/Address), hereinafter to the  
Board of Directors \_\_\_\_\_ (hereafter "Association", and seeks  
approval for said addition, change, or alteration to the above-mentioned unit.

Owner shall be responsible for all costs and expenses in the addition, change or alteration of said Unit. All such work shall be completed in a good and workmanlike manner in accordance with applicable laws, ordinances, rules, regulations and requirements of all governmental bodies or officers having jurisdiction over such work, and before such work is commenced, all required permits and authorizations shall be obtained by Owner.

Owner shall pay all costs, expenses and damages to repair or replace any portion of the common areas damaged by the subcontractors, material men, mechanics or other third parties rendering goods or services to said Unit upon notice of the Master Association Board and Sub-Association Board within forty-five (45) days of substantial completion of the review. In the event that said costs and expenses are not paid within thirty (30) days written notice, Master Association and/or Sub-Association shall have the right to levy an assessment against the Unit for said costs and expenses. The Association shall have all remedies for non-payment of assessments, including, but not limited to lien rights, as further contemplated in the Declaration of the Associations.

Owner expressly understands that Association approval or disapproval will be based on any grounds, including without limitation, aesthetic reasons, to maintain and protect the value of property within River Bridge. Owner shall seek architectural and engineering options on said plans from respective professionals in the field and shall not request or rely on the Association for these opinions.

Owner shall indemnify and hold the Association free and harmless from and against any and all liability caused by or arising from any acts, which may increase the susceptibility to loss on the described property or common areas and any loss, claim or damage by reason of any injury, accident or damage to any person or property, including common areas of the Association arising out of or in any way relating to the addition, change or alteration to the Unit, occasioned wholly or in part by any act or omission of Owner, any contractor, or any other third party rendering goods and services. In the event that Association shall be made a party to any litigation commenced against Owner concerning any addition, change or alteration to the Unit, then Owner shall defend, protect and hold the Association harmless and pay all attorney's fees, costs and expenses incurred by them in connection with such litigation.

In connection with any dispute, litigation, enforcement, or interpretation of the Waiver of Liability, the Association shall be entitled to recover reasonable attorney's fees, including appellate and post-judgement proceedings, costs and expenses.

The WAIVER OF LIABILITY has been executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
WITNESS  
(BOARD OF DIRECTOR'S DELEGATE, ARB CHAIRPERSON)

\_\_\_\_\_  
UNIT OWNER SIGNATURE

PLEASE FILL OUT AFTER COMPLETION. CONTACT HOA ARB REPRESENTATIVE TO INSPECT, CONFIRM AND PROJECT IS IN COMPLIANCE WITH ORIGINAL, APPROVED MODIFICATION. RETURN COMPLETED FORM TO RIVER BRIDGE POA, ALONG WITH A COPY OF YOUR PERMIT (IF APPLICABLE).

**RIVER BRIDGE SUB-ASSOCIATION (HOA)**

**FORM OF COMPLIANCE**

It is the desire of the Master Architectural Review Board (ARB), to seek compliance with the Architectural Standards, Rules and Regulations of the community of River Bridge and/or the City of Greenacres, to have this form completed by the individual homeowner and signed off by the Sub-Association Modification Board, AFTER COMPLETION of modification performed. It is important to note that approval must come from the Master ARB, in order to obtain permits from the City of Greenacres.

BEFORE any work is to commence, any project requiring a permit from the City of Greenacres, MUST be submitted to the ARB for approval. NO PERMIT WILL BE ISSUED WITHOUT PRIOR ARB APPROVAL. This certificate of compliance must also be completed, documented, inspected and approved; substantiating modifications were completed in compliance with original modification submitted.

DATE: \_\_\_\_\_ NAME OF SUB-ASSOCIATION: \_\_\_\_\_

NAME OF UNIT OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

**Signatures of Two (2) Sub-Association Modification Board Members:**

\_\_\_\_\_

**NOTE: PLEASE REMEMBER TO ATTACH A COPY OF YOUR PERMIT (IF APPLICABLE) TO THIS FORM**