



Architectural Modification Application

Dear Unit Owner,

This package has been designed to protect the Owner and the Association. In order to make any improvements in your unit you must receive an approval. Together with your contractor, you will complete the package and submit the required supporting documents.

We highly recommend you thoroughly read the entire package as incomplete packages will not be accepted. Please allow up to 7 business days for review and approval. If your remodeling involves major modifications, the association may choose to have the plans reviewed by an engineer which may request additional requirements. Management will make every effort to expedite the review process.

If you have any questions, please contact Management at support@grovepmc.com

ARCHITECTURAL MODIFICATION APPLICATION CHECKLIST

- Completed application and Hold Harmless Form signed by Unit owner and contractor.
- A Common Area Refundable Deposit of **\$1,000.00**. All payments are to be made out to Gables Terrace Condominium Association, Inc.
- COI and Licenses-** Current Contractor and Business Occupational License for all Contractors and Subcontractors, as well as Certificate of Insurance for General Liability and Worker's Compensation for each contractor, including subcontractors. *Please see COI sample for requirements.*
- PDF Copy of Plans-** A PDF version of the plans must be submitted with the application or emailed to gablesterrace@gmail.com *If applicable*
- Sample of Soundproofing** - A sample of sound proofing material. *If applicable*

When your application has been approved, you will be provided with an approval letter to submit to the City of Miami Building Dept. Once you receive your permit and are ready to commence work you must contact Management and submit the following:

- A copy of the City of Miami Building Permit and a PDF copy of the approved/stamped plans.

OWNER REQUIREMENTS PRIOR TO STARTING WORK

Unit Owners must have closed on their Unit and provided a Closing Statement and or Special Warranty Deed to the Association. No work can commence without the approval from the association.

PERMITS

Permitting is required when making any improvements involving plumbing, electrical, flooring, and structural modifications. Please visit <http://www.miamigov.com/building/> for more information on permits.

GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.
ARCHITECTURAL MODIFICATION APPLICATION

UNIT OWNER (APPLICANT): _____

UNIT #: _____

MAIN #: _____

OTHER #: _____

EMAIL: _____

Estimated Start Date: _____

Estimated End Date: _____

TYPE OF MODIFICATION BEING REQUESTED (Please describe in detail. Include materials and colors used as well as size) attach additional statement if needed:

| | | | |
|-------|----------------------------|-------|--------------------------|
| _____ | INTERIOR ALTERATIONS | _____ | ELECTRICAL, PLUMBING, AC |
| _____ | HARD FLOORING INSTALLATION | _____ | BATHROOM ALTERATIONS |
| _____ | CARPET INSTALLATION | _____ | IMPACT WINDOWS |
| _____ | OTHER | | |

Contractor: _____

Supervisor Name: _____

Trade: _____ MAIN #: _____

Cell #: _____ EMAIL: _____

Contractor: _____

Supervisor Name: _____

Trade: _____ MAIN #: _____

Cell #: _____ EMAIL: _____

Flooring/Tiling Description: _____

Soundproofing / Waterproofing underlayment type:

SOUNDPROOFING PRODUCT SAMPLE IS TO BE SUBMITTED WITH THIS APPLICATION.

Area/Location where flooring will be installed:

| | | | | | |
|----------|--------------------------|--------------|--------------------------|-------------|--------------------------|
| Bedroom: | <input type="checkbox"/> | Foyer: | <input type="checkbox"/> | Bathroom**: | <input type="checkbox"/> |
| Den: | <input type="checkbox"/> | Dining Room: | <input type="checkbox"/> | Balcony*: | <input type="checkbox"/> |
| Kitchen: | <input type="checkbox"/> | Living Room: | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

Hard floor Installation: Minimum sound transmission classification of 70 and minimum impact isolation classification of 55. Sample and specifications must be included with this package for review.

Carpet installation and hardwood floor must meet a minimum of class B fire rating. Spec sheet and sample must be submitted with application.

Bathroom renovations which require removal and replacement of bathroom tile will require inspection and certification from the building engineer of choice. If the current bathroom waterproofing is penetrated or damaged, it MUST be replaced and inspected.

Impact window installation must match the original "clear grey" glass color. Miami Dade County NOA must be submitted with application.

Approval/Denial Process

Management will inform unit owners of decision via letter of approval or denial within 7 business days of presenting the sample.

I understand and acknowledge that the approval of this request must be granted before any work on the modification may commence. If any modification/installation is done without the approval of the Association, the Association may force the removal of the modification/installation and subsequent to original form at my expense.

On behalf of all the Unit Owners, the undersigned hereby acknowledges that they have read, understand and agree to abide by the rules and guidelines within the Architectural Modification Application Package for Gables Terrace Condominium Association, Inc.

Acknowledgement by Owner:

Signature of Authorized Unit Owner(s) on behalf of all owners

Date

Acknowledgement by Contractor:

Company Name: _____

Print Name of Authorized Company Agent: _____

Authorized Company Agent Signature: _____

OWNER & CONTRACTOR'S RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This release, indemnification and hold harmless agreement ("Release") is executed this ____ day of _____ 20__ by the undersigned Owner(s) of Unit _____ located in GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.

As a condition of allowing each Unit Owner to commence construction work on their unit, the Unit Owner shall be responsible for providing the Association with an acknowledgement signed by each of their contractors in the form attached hereto whereby such contractors agree to, as part of their contract with the Unit Owners, comply with and be bound by all of the terms and conditions of these Construction and Improvement Guidelines.

I acknowledge receipt of the "Architectural Modification Application Package" and understand that I am severally and jointly liable for the expense of damages, repairs and other related expenses, etc. due to negligence of the agent's employees. I hereby agree to comply with all of the improvement guidelines within the Architectural Modification Package. I further agree and understand that any violations of the Architectural Modification Package will result in a fine, payable by the Association and increasing the security deposit on file with the Association, as well as banning the contractor from the building for any second offense or severe offense.

On behalf of all Unit Owners the undersigned have executed this release the day and year set forth above.

Signature

Printed Name

STATE OF FLORIDA}
COUNTY OF MIAMI-DADE]

The foregoing instruments was acknowledged before me this ____ day of _____, 20__, by _____ and they are personally known to me or have produced _____ as identification and did not take an Oath.

Notary Public: _____

My Commission Expires: _____

Acknowledgement by Contractor:

Company Name: _____

Print Name of Authorized Company Agent: _____

Authorized Company Agent Signature: _____

STATE OF FLORIDA}
COUNTY OF MIAMI-DADE

The foregoing instruments was acknowledged before me this ____ day of _____, 20__, by _____ and they are personally known to me or have produced _____ as identification and did not take an Oath.

Notary Public: _____

My Commission Expires: _____



Construction and Improvement Regulations

The following information describes and explains the construction and improvement regulations for Unit Owners, Designers and/or Contractors working in Units located at GABLES TERRACE CONDOMINIUM ASSOCIATION, INC. These regulations apply to all Unit Owners, Lessees, designers, contractors, sub-contractors and their employees. In the event of an omission the Association's documents will prevail.

Before commencing any work, both the Unit Owner and Contractor must thoroughly read these rules and discuss them with your onsite workers.

CONTRACTOR CHECK IN/OUT PROCEDURES

1. ALL contractors must check in and out with Concierge.
2. A valid US issued ID must be submitted at check in.
3. ALL CONTRACTORS ARE REQUIRED TO MAINTAIN VALID INSURANCE AS WELL AS EMPLOYEE LIST ON FILE WITH ASSOCIATION AT ALL TIMES. CONTRACTORS THAT DO NOT HAVE UPDATED CERTIFICATES OF INSURANCE WILL NOT BE GRANTED ACCESS TO WORK UNTIL PROVIDED.

CONTRACTOR DRESS CODE

All contractors are required to wear appropriate work attire while on property. Contractors wearing tank tops, offensive shirts and or sandals will not be allowed into work, NO EXCEPTIONS.

NO SMOKING

SMOKING is prohibited in all Common Areas, and on balconies. ANY WORKER FOUND SMOKING IN THESE AREAS WILL BE ASKED TO LEAVE THE PREMESIS.

DELIVERIES AND WORK MATERIALS

Use of the service elevators must be made in advance; we cannot guarantee unscheduled deliveries. Contractors are to unload tools, materials and equipment at the Receiving area. All materials and equipment must be transported to the unit immediately.

MOVING/DELIVERY TRUCKS MUST BE UNDER 12' HIGH. DELIVERY TRUCKS EXCEEDING THE HEIGHT, WILL NEED TO PARK OFFSITE AND WILL NOT BE ALLOWED TO BLOCK RECEIVING.

OUR LOADING ENTRANCE IS VIA 23 TERRACE

WATER SHUTDOWNS

The Unit Owner and or Contractor must advise the Management office a minimum of one (1) week in advance to schedule any work relating to water shutdowns.

LIENS

The Unit Owner hereby agrees to prevent any liens for work done or materials rendered by its contractors to attach to the Unit Owner's unit, or any other units at GABLES TERRACE CONDOMINIUM, or to any other part of the Condominium premises. The Unit Owner agrees to defend, indemnify and hold the Association and other Condominium Unit Owners harmless from any and all liens or claims filed or made by any of its contractors or their subcontractors, vendors or employees on account of any alleged nonpayment for labor, materials or services furnished or performed as part of the contractor's work. If any such lien is filed, the Unit Owner shall promptly discharge or remove any such lien or claim by bonding or payment.

PROTECTION OF ASSOCIATION PROPERTY

Contractors are responsible for protecting the walls, ceilings, doors, floors and other Common Areas from damage. Caution must be used in transporting materials and equipment. Any damages to the Common Areas will be charged to the Contractor and/or the Unit Owner. Protective coverings **MUST** be placed in front of each hallway door during all hours that work is being performed in the Unit and removed daily during non-working hours. The contractors or their employees must clean all Common Areas affected by their work at the end of each workday. Damage to any Common Area must be reported immediately to the Association.

WORK HOURS

Normal work hours shall be from (contractors not to arrive prior to 8:30am) 9:00 a.m. to 4:30 p.m., Monday through Friday. All work personnel must be off the property by 4:30 p.m. **NO WEEKEND, HOLIDAY, OR EVENING WORK IS PERMITTED.**

SPECIFIC MINIMUM STANDARDS TO BE FOLLOWED BY ALL CONTRACTORS

Job-site cleanliness and organization is directly related to safety as well as quality. Therefore, contractors shall ensure that all rubbish and debris generated by them is removed from the site at the end of each workday. All cleanup of the work area shall be accomplished on a daily basis prior to leaving the premises, and all materials shall be stored in an orderly and neat manner as directed by the Association. No liquids or mixtures that contain material that may harden and block pipes may be poured in the drain of any Unit or Common area. If after one verbal notification, proper cleanup is not completed to the satisfaction of the Association, the Association may proceed without further notice with the required cleanup and charge all costs to the Unit Owner.

Any accident or injury is to be reported by the contractors to the Association immediately. Additionally, any near fall, near miss or any other incident that does not result in injury, but had the potential for serious injury, shall also be reported immediately.

Contractors shall ensure strict adherence to the proper wearing of all required personal protective equipment, which is mandatory with no exceptions. Failure to comply with the requirements will result in prohibition of an individual worker from working on the Unit Owner's unit upon receipt of one verbal and one written warning from the Association;

Contractors shall ensure the following key areas receive continuous vigilance throughout the period they are on the project.

- ✓ Strict adherence to use the proper personal protective equipment;
- ✓ Contractors shall ensure that no radios or any other types of musical devices are allowed in the building;
- ✓ Construction project cleanliness and orderly storage/staging of materials and equipment;
- ✓ Ladder and stairway safety;
- ✓ Hazard communication;
- ✓ Hand and power tool safety;
- ✓ and Electrical safety

CONTRACTOR, SUB-CONTRACTORS, EMPLOYEE AND VENDOR ACCESS

Individual unit security, as well as the security of residents and their guests, is of utmost importance to the Association. All workers are prohibited from any areas of the building that is not directly related to their work requirement. Contractors shall be responsible for the security of all tools, materials, vehicles and vehicles contents.

STORAGE OF MATERIALS

All materials and equipment used for Unit improvements MUST be stored within the unit. No items may be stored or left for any amount of time in elevator lobbies, balconies, garage levels, stairwells, etc. No materials may be cut, stored or worked on outside the unit (including on the balcony or in any Common or Limited common element of the Condominium).

A/C UNITS

In the event air conditioning units are run during modification work, the air filter should be changed regularly. During construction, it is recommended that filters be replaced at least twice a month, depending on the scope being performed within the unit. Be advised accumulation of debris can damage coils and misuse can jeopardize equipment operation which may cause drain lines to back up and cause damage into other units.

TRASH CHUTES

THE CONDOMINIUM TRASH CHUTES(S) SHALL NOT BE USED BY THE CONTRACTOR OR ANY UNIT OWNER FOR DISCARDING OF CONSTRUCTION DEBRIS (INCLUDING CARPETING, TILE, WOOD, CEMENT, ETC). ALL CONSTRUCTION DEBRIS MUST BE DISCARDED OFFSITE.

PLUMBING

Any and all plumbing work shall be performed by a licensed and insured plumber; Relocation/addition of plumbing requiring core drilling is not permitted. Removal and capping off of plumbing fixtures is permissible only if adjacent areas are not affected; Removal and re-set of existing plumbing fixtures (i.e. for flooring installation or replacement of fixture) must be performed by a licensed plumber. Wax rings improperly set will cause leakage to the Unit below and result in unnecessary damages and expense; If any appliance that is connected to a water line or drain is removed during the course of flooring installation or any other type of construction, a licensed plumber must be hired to reconnect and reinstall that appliance; Accessing lower Unit(s) to perform plumbing modification is not permitted without written prior approval from the owner.

DRAINS AND WASTE

DRAINS ARE NOT TO BE USED TO DISCARD ANY MATERIALS. VIOLATION OF THIS RULE WILL RESULT IN THE UNIT OWNER'S CONSTRUCTION PROJECT BEING SHUT DOWN BY THE ASSOCIATION AND FEES ASSOCIATED WITH DISPOSAL OF THE DEBRIS CHARGED TO THE OWNER, ALONG WITH THE COST OF RUNNING CAMERAS TO ENSURE DRAINAGE SYSTEM HAS NOT BEEN COMPROMISED.

UNIT ACCESS/KEYS

Unit owners are required to issue a unit key to their contractors in order to access the unit daily. Lock boxes are not permitted in any locations at the property.

THIS IS A POST TENSION BUILDING

Due to the presence of post tension cables within the floor and ceiling concrete slabs, the concrete shall in no manner be disturbed including installation of small anchors. Any work requiring slab penetration must be preapproved by Management. Any contractor that causes a post tension cable to break will be immediately shut down and denied access until all repair requirements have been fulfilled by the approved contractor of the Association's choice.

Failure to abide by the above requirements and procedures will lead to the expulsion of those contractors on the premises. ANY DAMAGE AS A RESULT OF A CONTRACTOR IS THE RESPONSIBILITY OF THE UNIT OWNER.

CERTIFICATE OF INSURANCE REQUIREMENTS

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an individual, the insured policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certificate holder may require an endorsement. A statement on this certificate does not confer rights to the certificate holder (see such endorsement).

PRODUCER: _____ **CONTRACT NUMBER:** _____

INSURED: Name of company performing work **INSURER A:** _____ **INSURER B:** _____ **INSURER C:** _____ **INSURER D:** _____ **INSURER E:** _____ **INSURER F:** _____

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| NO. | TYPE OF INSURANCE | INSURER | POLICY NO. | POLICY EFF. DATE | POLICY EXP. DATE | LIMITS |
|-----|--|---------|------------|------------------|------------------|--|
| 1 | COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR | X | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (CSL) \$ |
| | GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PNO <input type="checkbox"/> LOC <input type="checkbox"/> | | | | | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | OTHER: | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRIED AUTOS <input type="checkbox"/> | | | | | E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER/PARTNER/EXECUTIVE OR PARTNER EXCLUDED? <input type="checkbox"/> Y/N Arbitrary in NO <input type="checkbox"/> YES Description of operations below | | | | | |

***Association must be additionally insured.**

Note: Workers comp exp. is only good for individual owner not additional employees

DESCRIPTOR OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Gables Terrace Condominium Association Inc.
2351 Douglas Rd.
Miami, FL 33145

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: _____