

**COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL CHANGE REQUEST FORM**

c/o Coastal Property Management
10 SE Central Parkway, #400, Stuart, FL 34994
Office: 772-600-8900 / Fax: 772-266-9801 / Admin@cpmfl.com

_____	_____	_____
Name of Applicant/Homeowner	Unit #	Cobblestone Address
_____	_____	_____
Email Address		Telephone Number

DESCRIPTION OF WORK TO BE DONE

Submit this form for all proposed additions, changes, modifications, etc., accompanied, where appropriate, by plans, drawings, specifications, etc.). **If all required information is not received with this completed application, the Association will automatically reject the application until all requested information is received. Owners assume all responsibility and cost for any addition or change, and its future upkeep.**

Description:

CONDITIONS OF APPROVAL

- 1. It is the responsibility of the homeowner to obtain and display all required permits prior to work beginning. A copy of the permit must be provided to the association once issued.**
- All Contractors must supply a copy of their License and Insurance Certificate naming Cobblestone Country Club Homeowners Association, Inc. and Coastal Property Management as additional insured to Association with this application prior to any work being performed. This requirement protects the Association and Coastal Property Management from any liability in case of accidents. If work is being performed by the owner, please indicate this.
- Copy of contractor's proposal must be provided (*If Applicable*).
- Sketch / drawing of the work to be done.
- Roofs and Mailboxes refer to guidelines

****NO WORK MAY COMMENCE UNTIL THE ASSOCIATION PROVIDES WRITTEN APPROVAL****

HOMEOWNER RESPONSIBILITIES:

- Ensure that all improvements and work is in compliance with the Cobblestone Country Club Homeowners Association Declaration of Condominium, By-Laws, and Rules.
- Ensure that the work is in compliance with all state, county and local laws and ordinances.
- Daily clean-up.
- Repair any damage of common elements due to construction, at owner's expense.
- Ensure that roof and mailbox guidelines are met.

6. Notify the Association upon completion of work within 90 days.

I have read, understand, and agree to all of the above.

Owner's Signature

Date of Application

ARB Application

Approved Denied

ARB Committee Member Signature: _____ Date: _____

Submit to Coastal Property Management - In person, via USPS or email admin@cpmfl.com

ARCHITECTURAL CHANGE APPLICATION

COBBLESTONE COUNTRY CLUB
HOMEOWNERS ASSOCIATION, INC. c/o
Coastal Property Management
10 SE Central Parkway, Suite 400 Stuart, Florida
34994

PROJECT COMPLETION FORM

When the project is completed, please return this form to Coastal Property Management by mail or email to admin@cpmfl.com. **Please allow thirty (30) days for the refund to be processed.**

Name of Homeowner/Applicant

Unit Address

Homeowner/Applicant Address (if different)

Telephone Number

Brief Description of Completed Project:

Date of Project Completion: _____

Date Project Inspected/Approved by Martin County (if applicable): _____

I, the undersigned, acknowledge that I have followed all the requirements and conditions of the approved project.

Homeowner's/Applicant's Signature _____ Date _____



Permit #: _____

COBBLESTONE COUNTRY CLUB HOA, INC. OWNER BUILDER DISCLOSURE STATEMENT/AFFIDAVIT

This form is required to be completed by owners of the property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors. Florida Statutes FL489.103(7) are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities. Before a building permit can be issued property owners must personally appear at the Building Division to sign this document. By signing this affidavit, you attest that:

_____ Initials	I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
_____ Initials	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
_____ Initials	I understand that, as an owner-building, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on all permit and contracts.
_____ Initials	I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is old or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for the sale or lease, which violates this exemption.
_____ Initials	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
_____ Initials	I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the person whom I employ have the licenses required by law and by county or municipal ordinance.
_____ Initials	I understand that it is frequent practices of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
_____ Initials	I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee.</u> I understand that my failure to follow these laws may subject me to serious financial risk.
_____ Initials	I agree that, as the partly legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes and zoning regulations.
_____ Initials	I am aware of construction practices and I have access to the Florida Building Code.

Initials	I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or at www.myfloridalicense.com for more information about licensed contractors.
Initials	I am aware of, and consent to; owner-builder building permits applied for in my name and understand that I am the partly legally and financially responsible for the proposed construction activity at the address listed below.
Initials	Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation and the building department may be unable to assist you with any financial loss that you sustain as a result of a compliant. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I agree to notify the Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

I do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

_____ / /
Printed Name of Owner *Signature of Owner* *Date*

Driver's License #

Address of Subject Property

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

MARTIN COUNTY LOCATIONS TO RECORD NOTICE OF COMMENCEMENT

LOCATIONS:

COURTHOUSE

STUART OFFICE

100 SE Ocean Blvd.
Stuart, Florida 34994
(772) 288-5576
8:00 am - 5:00 pm
Monday - Friday
Open - Appointments Preferred
Services provided by Phone or Online

HOBE SOUND

BRANCH OFFICE

11730 SE Federal Hwy.
Hobe Sound, Florida
(772) 546-1308
8:00 am - 12:00 pm
1:00 pm - 4:30 pm
Monday - Friday
Limited Public Access - By Appointment Only
Services provided by Phone or Online

INDIANTOWN

BRANCH OFFICE

16550 SW Warfield Blvd.
Indiantown, Florida
(772) 223-7921

MAILING ADDRESS

Clerk of the Circuit Court and Comptroller
PO Box 9016
Attn: Recording
Stuart, FL 34995

The recording fee for any document up to 8 ½ x 14 inches in size is \$10.00 for the first page.