

HILLSBORO MILE OCEAN APARTMENTS, SECTION 2, INC.

Architectural Change Request Form

INSTRUCTIONS: Please completely fill out the form below. Failure to complete the form completely will only delay the approval process. Mail to HILLSBORO MILE OCEAN APARTMENTS, SECTION 2, INC., C/O CABOT MANAGEMENT, PO BOX 39752, FORT LAUDERDALE, FL 33339. You may also e-mail it to cabotmgmt@yahoo.com

SECTION ONE: Property Owner/ Applicant _____

Property Address _____ Hillsboro Mile Ocean Apts., Section 2

Telephone: Home _____ Office: _____

E-mail: _____

SECTION TWO: TYPE OF CHANGE SOUGHT

_____ A/C _____ Door _____ Windows _____ Hurricane Shutters _____ Other

DESCRIPTION OF CHANGE SOUGHT (please describe in detail)

SECTION THREE: THE FOLLOWING MUST BE INCLUDED WITH YOUR APPLICATION FOR ARCHITECTURAL CHANGE:

1. Signed and dated application
2. Include a sketch of the proposed change with dimensions marked on the copy.
3. A. Name & address of Contractor,
B. Copy of contractor's license,
C. Copy of contract,
D. Contractor's liability & workmen's compensation insurance naming Hillsboro Mile Ocean Apartments, Section 2, Inc. as co-insured.

NOTE: A copy of the permit, if required and a copy of the City or County final inspection approval must be supplied when the work is completed, or approval may be revoked.

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SECTION FOUR: Acknowledgment of Applicant

I/We hereby make application for the above described architectural change. I/We understand that application does not guarantee approval and that any approval must be received in writing from the Board of Directors prior to making the alterations sought in the application. I/We acknowledge that we have read, understand and will abide by HILLSBORO MILE OCEAN APARTMENTS, SECTION 2, Inc., By-Law, Articles of Incorporation, Stockholder's Lease and Rules & Regulations. I/We understand that my/our application may be delayed if insufficient information is included in my/our request. I/We further understand that I/we may not deviate from the plans submitted to the Association and that any such variation or deviation would require me/us to resubmit the application. I/We understand that architectural change approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the proposed change. I/We further understand that I/We must follow all local building codes and setback requirements and that any required State/County/City permit(s) and utility company clearances (landscape/construction etc.) are my/our responsibility. I/We hereby agree that as a condition precedent to granting approval to any request for change, alteration or addition to an existing structure, dwelling and/or lot, applicant, heirs and assigns thereto, assume full responsibility for the costs, liability, repair, upkeep, maintenance and/or replacement of any such change, alteration or addition. It is understood and agreed that the HILLSBORO MILE OCEAN APARTMENTS, SECTION 2, Inc. and Cabot Management are not responsible for any damages or action that may result from the approval of this request.

Signature of Applicant(s) _____ Date: _____

Signature of Applicant(s) _____ Date: _____

Once you have completed all of the above and attached the items listed in SECTION THREE, please send to:
HILLSBORO MILE OCEAN APARTMENTS, SECTION 2, Inc., c/o Cabot Management at the address at the beginning of this form or return to the manager at the clubhouse office.

Approved: _____ Approved with Caveats*: _____ Disapproved: * _____

Signature of BOD ACC designee: _____ Date: _____

*Comments / Conditions

Signature of BOD member : _____ Date: _____

PLEASE NOTE THAT APPROVALS, ONCE RECEIVED IN WRITING FROM THE ASSOCIATION, ARE VALID FOR NO LONGER THAN SIX (6) MONTHS FROM THE DATE APPROVED.