# LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC. (LHTS)

# 301 LAKE SHORE DRIVE LAKE PARK, FLORIDA 33403

Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

#### **APPLICATION FOR ALTERATION OF INDIVIDUAL APARTMENTS**

The accompanying application form must be completed and signed by all owners of the property prior to the commencement of any work. Please return the application and associated documentation, if any, to the Board of Directors for review by the Architectural Review Committee (ARC). Upon approval, you will receive back written approval. Under no circumstances is work to begin without the written approval of the ARC. Failure to follow this procedure may result in delays, fines and deconstruction, solely at the expense of the owner(s).

Thank you in advance for your cooperation.

Board of Directors, LHTS

#### LHTS GUIDELINES FOR REMODELING (updated April 2018)

IN AN EFFORT TO CREATE UNIFORMITY AND CONSISTENCY WITHIN LHTS, WE HAVE DEVELOPED THESE POLICIES FOR THE BENEFIT OF ALL OWNERS. FAILURE TO MAINTAIN ORDER WITHIN A COMMUNITY LIKE LHTS CAN CREATE UNSAFE OR HAZARDOUS CONDITIONS THAT MAY AFFECT YOU AND YOUR NEIGHBORS. WE ASK FOR COMPLIANCE FOR THE GREATER GOOD OF EVERYBODY. INTERIOR RENOVATIONS MAY NOT MATERIALLY AFFECT OTHER UNIT OWNERS OR THE STRUCTURAL INTEGRITY OF THE BUILDING.

Below are some improvements and alterations that may require municipal approval and/or permit. It is suggested that you confer with the village construction department prior to commencement of any project to ensure that the job will not be halted due to any violations.

- 1- Air conditioner replacement and ductwork relocation
- 2- Hot water heater replacement
- 3- Window replacement
- 4- Exterior Door replacement
- 5- Plumbing relocation and plumbing additions/deletions
- 6- Electrical upgrades and electrical additions/deletions
- 7- Flooring installation
- 8- Remodeling/Alterations- New kitchen cabinets, new showers and tubs, wall relocation/removal

#### **Standards for Replacement Windows and Sliding Doors**

- 1- All new units must be white framed and have impact resistant glass. Windows facing to the south and east must be tinted gray.
  They may be vinyl or aluminum. There should be no divisions in the glass.
  Window opening sizes may not be altered or modified.
- 2- New units in bedrooms and kitchen should be 2 panel, sliding type. Windows facing west or north may be clear glass.
- 3- Large, living room window is to be configured as follows: Bottom section to be 2, horizontal non-functioning, fixed panels. Top section will be 4 equal size units. All must be gray tinted.

- 4- All torn, discolored, frayed or deteriorated screens must be repaired. Bent frames will warrant replacement.
- 5- If outdated and non-compliant hurricane shutters are removed, they may not be reinstalled.
- 6- All hurricane shutters that are not functioning or in disrepair must be removed. No shutters shall be installed on the large living room window.
- 7- Any broken, cracked glass must be replaced. No tape or adhesives may be used to "fix" them.
- 8- Window mounted air conditioners are not permitted.
- 9- Decorative stickers are not permitted on the windows.

#### **Standards for Exterior Doors**

- 1- All new exterior doors must be solid core and meet current codes. They cannot have glass inserts. They may be metal, fiberglass, or wood.
- 2- Color scheme: Doors in stacks 1, 7, and 11 will be finished with absolute white on the exterior.
  - Doors in stacks 2,3,4,5,6, 8, 9 and 10 will be finished with a solid, dark brown exterior paint or stain.
- 3- Screen doors: Per our condominium documents, if you share a common hallway with a neighbor and you wish to replace or install a new screen door, you must have written consent from the board in addition to the adjoining owner. Quality and appearance must be equal, if both doors have screen doors. "Phantom" or retractable screens are permitted.

#### **General Information**

1- All work must be done by licensed professionals that carry proper worker's compensation and general liability insurance. Please submit these credentials to the architectural review committee (ARC) for approval prior to the commencement of the work. Lake Harbour Towers South Condominium Association must be named on the insurance certificates as an "additional insured".

- 2- Any new, solid flooring material shall require a sound proofing underlayment of a minimum of  $\frac{1}{4}$ " cork or equivalent, prior to installation. This standard does not apply to apartments #101-#107. Carpet does not require an underlayment.
- 3- Prior to undergoing any improvement, it is strongly suggested that you meet with either a board member or the architectural review committee to discuss the scope of the improvements. This will help to avoid confusion, ambiguity or mistakes. LHTS will not be responsible for any costs due to violations or mistakes.
- 4- Individual owners shall be held liable for any damage to LHTS property caused by their contractors. This includes but is not limited to elevators, catwalks, hallways, grass, and parking lots. Contractors are expected to keep all areas clean and orderly. Catwalks and common areas cannot be obstructed by materials or equipment used in their project. No materials or equipment may be left outside overnight.
- 5- Work is permitted on the following schedule: Monday-Friday 8 am to 5 pm. Saturday from 9 am to 5 pm.

## No work is permitted on Sunday.

PLEASE OBTAIN APPLICATIONS FOR YOUR PROJECT FROM SEABREEZE MANAGEMENT AND CONFER WITH OUR ARC COMMITTEE LEADER CURTIS LYMAN VIA EMAIL AT: **CURTLYMAN@GMAIL.COM** 

Sea Breeze Website to download forms: www.seabreezecms.com

# Agreed and Accepted by: Owner Printed Name: Owner Signature: Unit: Date:

# LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC. (LHTS) 301 LAKE SHORE DRIVE

## LAKE PARK, FLORIDA 33403

Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

## ARCHITECTURAL ALTERATION APPLICATION FORM (Updated 4/18/18)

OWNER NAME(S):	DATE:
APARTMENT NUMBER:	PHONE:
EMAIL:	
INCLUDE ALL PERTINENT INFORMATION i.e. I	N FOR WHICH YOU ARE REQUESTING APPROVAL. PLEASE MATERIALS, DRAWINGS/SKETCHES, ETC
Name of Contractor(s) & Company:	
Phone #:	E-Mail:
Attach: Certificate Of Insurance naming L	HTS:
Insurance must include General Liability a	and Workers Compensation Coverage, plus

Insurance must include General Liability and Workers Compensation Coverage, plus Professional Liability and Commercial Automobile if needed. Appropriate business licenses must also be submitted.

# LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC. (LHTS) 301 LAKE SHORE DRIVE

## LAKE PARK, FLORIDA 33403

Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

### ARCHITECTURAL ALTERATION APPLICATION FORM (Updated 4/18/18)

A COPY OF THE COMPANY'S LICENSE AND INSURANCE NAMING "LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION" AS AN ADDITIONAL INSURED MUST BE INCLUDED WITH THIS APPLICATION. PLEASE ATTACH ADDITIONAL FORMS AS NEEDED.

APPROVAL OF THIS APPLICATION IN NO WAY SUPERCEDES THE AUTHORITY OF THE TOWN OF

APPROVAL OF THIS APPLICATION IN NO WAY SUPERCEDES THE AUTHORITY OF THE TOWN OF LAKE PARK TO REVIEW AND APPROVE THE PROPOSED ALTERATIONS.

IT IS AGREED AND UNDERSTOOD THAT LHTS AND ITS MANAGEMENT ARE NOT, IN ANY WAY, REQUIRED TO TAKE AN ACTION TO REPAIR, REPLACE OR MAINTAIN ANY OF THE ALTERATIONS CONTAINED WITHIN THIS APPLICATION. THE UNIT OWNER'S AND ITS ASSIGNS ASSUME ALL RESPONSIBILITY AND COST FOR ANY ADDITION OR CHANGE AND ITS FUTURE UPKEEP AND MAINTENANCE.

WAIVER OF LIABILITY: THE UNDERSIGNED HEREBY AGREES THAT ANY AND ALL LIABILITY CAUSED BY OR ARISING FROM ANY ACTS WHICH MAY INCREASE THE HAZARD OR SUSCEPTIBILITY TO LOSS ON THE DESCRIBED PREMISES SHALL NOT BE HELD AGAINST LHTS OR ITS MANAGEMENT "AS THEIR INTEREST MAY APPEAR" THERE FROM AND INDEMNIFY AND HOLD HARMLESS FROM ALL LOSSES, COSTS, EXPENSES AND ATTORNEY FEES IN CONNECTION WITH ANY SUCH ALTERATION AS DESCRIBED HEREIN

Owner Signature:	 	 
Date:	 	 
Owner Printed Name:	 	 
Unit Address:		

# LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC. (LHTS) 301 LAKE SHORE DRIVE

## LAKE PARK, FLORIDA 33403

Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

## ARCHITECTURAL ALTERATION APPLICATION FORM (Updated 4/18/18)

<u>AC</u>	TION TAKEN BY THE ASSOCIATION		
•	) APPROVED BY THE ASSOCIATION AS bject must begin within days		days
(	) APPROVED SUBJECT TO THE FOLLOW	'ING	
(	) INSUFFICIENT INFORMATION-Please	resubmit with the following:	
 	) NOT APPROVED- Reasons for denial		
	, real full file to the demand		
By-	- Printed Name:	Date	
	- Printed Name:		
Rv.	Printed Name:	Date	