The Isles Homeowners Association, Inc.

C/O Campbell Property Management, 1500 Victoria Falls Blvd Palm Beach Gardens, FL 33410

Date Received_____ By_____

ACC Change Application

_____ _____

Name of Applicant Homeowner — Date of Application

_____ _____

Address of Unit and, if different, Address of Applicant Owner — Type of House (2,3,4 bedrooms)

_____ _____ _____

Telephone Number (daytime) — Telephone Number (Evening) — Email Address

_____

Model of Home

A. Description of Requested Change:

_____

_____

_____

_____

B. Checklist of <u>Required Documents:</u> The following items must be attached to this application before it will be received or considered by the Architectural Control Committee (ACC). An incomplete application will be returned to the applicant for completion. One copy of the application package are required for processing. After action by the ACC, a copy of the decision and the application package will be placed on the website for the applicant, the document will be returned via email. **(Initial each item below to confirm that it has been attached or mark it NA for not applicable.)**

1. _____Insurance Certificate of your contractor or landscaper and any required permits.

2._____Signed contract between you and your contractor or landscaper for the proposed work covered by the application. If work is between the front of a Capri model home, both neighbors/homeowners must sign the application.

3._____Site plan survey (from your Documents) showing the location of the changes being proposed.

4._____Samples of materials and colors for projects involving paint, awnings, pavers, etc.

5._____If the proposal involves landscape changes:

   a. A drawing by you or your landscaper showing which plants and/or trees would be removed, replaced or added. The number of plants & gallon sizes must be included in the plan for replacements/additions and/or modifications. Be specific. Label each tree or plant which would be affected by the proposal and provide the common or Latin names of any plants or trees.
   b. Plants must be picked from “The Isles” plant list. This is available online.

c. For any plants or trees which are not currently in common use on the property, a copy of printed source documentation giving a picture and description of the plant or tree, characteristics such as growth rate, height, spread, its form, etc. This documentation could be from a Google search or from a book about landscaping material.

6. _____ If the proposal is for structural changes, major construction, screen enclosures, pools, addition of a generator, hurricane protection products, pool heater or if permits are required you must follow this section below and steps one through five and attach the following information:

d._____ State license and or registration for contractor.

e._____A copy of any license or registration required by Florida, Palm Beach County or Palm Beach Gardens for your contractor's occupation or business.

f._____A copy of all applicable Building Permits required by Palm Beach County or Palm Beach Gardens. If not available at the time of application, permits must be provided to the property manager prior to beginning any work. (To be supplied prior to commencement.)

g._____If making structural changes, provide drawings, floor plans, and a site plan including exterior elevations (all views), and a survey showing setbacks and property lines in relation to any proposed structure or modification

h._____A check for $500 as a damage deposit to correct any damage to the common areas by construction activity. Any unused portion of the deposit will be returned to the owner.

i._____A deposit in the amount $250 to the Association for all projects requiring permits. Such deposit is to be made at the time of application and shall be returned upon receipt by the property manager of the permit indicating final applicable governmental inspection and approval.

The undersigned acknowledge that they have read and understand this application and understand and agree that no work is to be started until a signed written approval is received. Starting a project prior to approval is subject to a fine of up to $100 per day to a maximum of $1000. I/We understand that compliance is required with any conditions that may be included as part of the approval.

_____ _____ _____ _____

Applicant's Signature Date Applicant's Signature Date

CONDITIONS OF APPROVAL

Note that the following conditions of approval apply to commonly requested changes. For a complete list consult the ACC Guidelines and Documents.

1. **Projects involving landscape changes:** It may be stipulated as a condition of approval that the owner is responsible for maintaining and trimming of all landscape material approved by the ACC, including weeding, mulching, pruning, pest control, etc. and replacement of installed plantings in the event they die or are damaged. No landscaping material may encroach on neighboring properties or common areas. Pool heaters, satellite dishes and ground based structures are required to be screened from view with

approved hedge plantings. If the owner fails to maintain the plantings, and the plantings become overgrown or unsightly, the owner will be sent a written notice indicating there is a 10 day period in which the situation must be corrected. As a condition of approval, the owner must agree the HOA may either perform the necessary maintenance or remove the plants at the owner's expense. If ownership of the property transfers, either the new owner must agree to be bound by the conditions of approval or the existing owner must remove all the plantings covered by the approval and return the landscape to its original design.

2. **Hurricane Shutter Changes:** All hurricane shutter material and exterior tracks must be white in color.

3. **Projects involving irrigation system changes:** If irrigation equipment is affected by the request the owner is required to use the HOA's irrigation contractor to make any necessary changes to the irrigation system, including capping off heads and relocating irrigation lines. This will be at the owner's expense. Failure to use the HOA's contractor will result in owner being responsible for any costs incurred to the HOA to restore the irrigation system to working order. Reach out to Complete Property Maintenance (CPM) on their website www.cpmlawn.com. On the upper right corner click on Request an Estimate. Complete form and submit. CPM will reach out to you.

4. **Projects involving fencing or screening:** All exterior aluminum must be white and all screening material must be charcoal color.

5. **Projects involving exterior painting:** No change in the original exterior color of a Unit is allowed.

6. **Solar Panels:** Piping, fasteners and frames for solar panels must be painted to match the adjacent roof, wall or trim color.

7. **Projects requiring permits.** Any required permits must be obtained and displayed by the owner prior to starting work.

Landscape Committee Recommendation Date Reviewed _____

☐ Not recommended for approval
☐ Recommend for approval, owner responsible for replacement
☐ Recommend for approval, owner responsible for replacement and maintenance

Comments/Recommended Conditions:

_____
_____
_____
_____

Landscape Committee (Two signatures required)

_____ _____ _____
Name Signature Date

_____ _____ _____
Name Signature Date

_____ _____ _____
Name Signature Date

Decision of the ACC

[ ] Approved with the following conditions:

_____
_____
_____
_____
_____
_____

[ ] Denied for the following reasons:

_____
_____
_____
_____

_____ _____ **[ ]** Approved **[ ]** Denied
Committee Member's Signature Date

_____ _____ **[ ]** Approved **[ ]** Denied
Committee Member's Signature Date

_____ _____ **[ ]** Approved **[ ]** Denied
Committee Member's Signature Date

_____ _____ **[ ]** Approved **[ ]** Denied
Committee Member's Signature Date

_____ _____ **[ ]** Approved **[ ]** Denied
Committee Member's Signature Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/17/2025

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 ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No): 2
	E-MAIL ADDRESS: C

INSURED	POWERCL-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : F	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1918932721 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY	Y		11GPP1081301	1/1/2025	1/1/2026	EACH OCCURRENCE	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:						Policy Gen Aggregate	$
B	AUTOMOBILE LIABILITY			11CAB1081301	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$
B	X ANY AUTO			11CAB1081401 MA Only	1/1/2025	1/1/2026	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			CRA0000027	1/1/2025	1/1/2026	EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED X RETENTION $ 25,000						GL&Products Aggregate	$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		11WCI1081301 FL Only	1/1/2025	1/1/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			14WCI1081401	1/1/2025	1/1/2026	E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

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

CERTIFICATE HOLDER

The Isles Homeowners Association, Inc.
(The Board of Directors)
1500 Victoria Falls Blvd
Palm Beach Gardens FL 33410

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

Chad C Zacher