



ARC Document Submission Checklist

Single Family & Townhome Patio

Signed Modification Form _____

Proof of Homeowners Insurance _____

Signed Declaration of Ownership of Exterior Modification
for Townhomes _____

Fabric/Paint/Finish Color Samples
from the Manufacturer _____

Manufacturer Literature _____

Material List
(Invoice or breakdown from Contactor) _____

Survey of Property with Details of Work to be Done _____

**Check for the Engineering Letter
Made out to Bowman Consulting for \$345 _____

A Copy of Aqua-Mist Irrigation Form that the Homeowner
Submitted to Aqua-Mist _____

Project Drawings _____

*Certificate of Insurance from Your Contractor
Listing the Following as the Certificate Holder:
Del Webb of Florham Park HOA
FirstService Residential
1 Applegate Dr.
Florham Park, NJ 07932 _____

For more information, please see section 10-J of the ARC Guidelines

*Example included in this packet

**This pays for your Engineering Letter. The Lifestyle Director will send the check with the completed application and final approval letter to Bowman. Once they receive the engineering letter they will email it to the homeowner who must send it to their contactor and the town.

DEL WEBB FLORHAM PARK HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL MODIFICATION FORM

Dear Board Members:

In accordance with the Declaration document of Del Webb Florham Park Homeowners Association, Inc., I/we hereby apply for permission to make the following alterations to the premises.

Nature of Modification: _____

Owner's Name: _____

Owners' Address: _____

Owners' Phone: _____

Owners' Email: _____

NOTE: Modifications are subject to existing and future Resolutions adopted by the Board.

Date: _____

Signatures of all owners required: _____

NOTE: Attach appropriate sketches or drawings, and description of work to be done. Indicate materials to be used, color and other pertinent information, including name and telephone number of contractor. Please include a copy of the contractor's Certificate of Insurance naming the homeowner and Homeowner Association as additionally insured. You will also be required to submit a Certificate of Insurance for the homeowner as well. All modifications and any damages caused by the modification becomes the homeowner's responsibility.

ARC Approved: _____ Disapproved: _____ Date: _____

BOD Approved: _____ Disapproved: _____ Date: _____

Control Number: _____

Del Webb at Florham Park

Declaration of Ownership of Exterior Modification for Townhomes

This document serves as a Declaration for an approved modification to a townhome, address below. This document also serves to inform a future buyer of the modification made to the townhome as well as their ongoing responsibilities for its maintenance

Modification: _____

Address: _____

By signing this Declaration, you, the owner/s, agree to pay for the above Modification, in accordance with the Architectural Review Committee ("ARC") Guidelines. You also agree to perform any necessary repairs, replacement, maintenance etc. as needed for the modification installed at the above address, at your cost. This shall include any request for such repairs by the Condominium Association Board ("COA") or any committee assigned by the COA. You also agree to assume all liabilities associated with this Modification.

In the event that the above named Townhome is to be sold, the following actions must occur:

1. Restoration of the modification to good working order. An inspection will be conducted by the COA to ensure good working order and to ensure no damage to Limited Common Elements or Common Elements of the Townhome. If damage is found or maintenance of good working order has not occurred, the owner/s will be financially responsible for promptly carrying out any repairs or restoration;
2. The modification must have been reviewed and approved by the ARC. If this is not the case, the modification must be removed and the townhome returned to its original condition;
3. The new owner/s will assume ownership of the above modification as described herein and must sign a new Declaration for same.

Name: _____

Address: _____

Signature: _____

Date: _____

Aqua-Mist Irrigation

Quality Lawn Sprinklers

28 James Street

South Hackensack, NJ 07606

Modification Form

Name: _____

Daytime Phone: _____

Address: _____

Do you prefer to receive your estimate via mail or email? (circle one) If

Email: _____

Dimension of Patio:

_____ x _____

Approved []

Pending []

Please note, we require a plot plan attached and the dimension of the patio to be marked above and marked out on the property by your contractor in order to start the process. Once Aqua-Mist receives this information we will set up a date for an estimate. Once the estimate has been signed & sent back with a 50% deposit, we will then schedule the work to be done within the next two weeks.

NJ Irrigation Contractor
License #15036

Phone: 201-488-2057
Email: csharp@aquamist.net



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2018

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 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	Insurance Agent	CONTACT NAME: JGS Insurance	FAX (A/C. No.):
		PHONE (A/C. No. Ext): (877) 547-4671	
INSURED	Contractor/Vendor Name/Address	E-MAIL ADDRESS	INSURER(S) AFFORDING COVERAGE
		INSURER A:	NAIC #
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 17-18 Master

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	ADDT SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY		Policy #	9/1/2017	9/1/2018	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC					PRODUCTS - COMP/OP AGG 1 2,000,000
	OTHER					\$
A	AUTOMOBILE LIABILITY		Policy #			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ANY AUTO					BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS	☒ NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	UMBRELLA LIAB		Policy #			EACH OCCURRENCE \$
	EXCESS LIAB	☐ CLAIMS-MADE				AGGREGATE \$
	PEP	RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Policy #	9/1/2017	9/1/2018	☒ PER STATUTE ☐ OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☐ N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE 1 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate Holder (Association Name) is included as Additional Insured with respects to the services being rendered by "INSERT CONTRACTOR/VENDOR NAME"

CERTIFICATE HOLDER

Del Webb at Florham Park HOA
FirstService Residential
1 Applegate Dr
Florham Park, NJ 07932

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

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