EAGLE RIDGE HOMEOWNER'S ASSOCIATION
INDIAN CREEK PHASE VIII
Advantage Property Management, LLC
1111 S.E. Federal Highway, Ste. 100
Stuart, Fl 34994
Email to: advantagepm@advpropmgt.com
772-334-8900

ARCHITECTURAL CHANGE REQUEST FORM

Enclosed in the following pages you will find the ACC Request Form and supplemental pages to submit your request for approval regarding any architectural changes that you wish to conduct on your property.

- Page #1: Information Page complete in its entirety, including contractor information and description of the request.
- Page #2: Homeowner(s) signatures (all homeowners must sign)
- Page #3: Paint Color Chart with approved colors for home, trim, front door and driveways. Garage Door is to remain white
- Pages #4-5: Homeowners affidavit when doing work yourself; Page #5 insert address in Section #10 and form must be sign and notarized. (one homeowner only)
- ADDITIONAL FORMS MAY BE REQUIRED PRIOR TO APPROVAL!

Contractor Documents:

- Certificate of Liability Insurance with Property Owner Name and Address listed as Certificate Holder
- DBPR Business License

SEE EXAMPLES ATTACHED

Return Completed Pages #1 & 2, along with the appropriate forms that correspond to your specific request.

WARNING DISCLOSURE: DO NOT SIGN A CONTRACT OR SUBMIT A DEPOSIT UNITL YOU RECEIVE FULL WRITTEN AUTHORIZATION FROM ADVANTAGE PROPERTY MANAGEMENT NOFITYING YOU OF YOUR PROJECT'S APPROVAL AND AUTHORIZATION TO PROCEED.

SUBMISSION OF THE ACC REQUEST FORM SHOULD NOT BE DEEMED AN AUTOMATIC APPROVAL. REQUEST NEEDS TO BE REVIEWED & SOMETIMES REVISED!

EAGLE RIDGE HOMEOWNERS ASSOICATION, AKA INDIAN CREEK PHASE VIII HOA AND ADVANTAGE PROPERTY MANAGEMENT, LLC IS NOT RESPONSIBLE FOR FORFIETED DEPOSITS OR CONTRACUAL LITIGATION WITH CONTRACTORS TO WHOM YOU ENGAGE THE SERVICES HEREOF.

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772-334-8900

ARCHITECTURAL CHANGE REQUEST FORM

Date: _____/_____/20____

Applicant #1: _____

Applicant #2: _____

Subject Address: _____

Phone
(H/C) _____ (H/C) _____

Contractor information: Name _____

Address and phone number _____

Use this checklist as a guide when submitting an application:

- ➢ All homeowners listed on the property must also be on the application
- ➢ This form should be submitted with all the necessary documents to the Property Manager (email advantagepm@advpropmgt.com)
- ➢ Provide product information including size, style and color of products to be used
- ➢ Use a copy of your survey (plot plan) to show the location of the proposed project
- ➢ Where applicable, please include drawings and all pertinent information necessary to provide a clear representation of your project so an informed decision can be made
- ➢ When a Contractor is used, we need a copy of their license and proof of current insurance. The insurance policy copy should have the homeowner's name and address in the lower left corner (NOT the HOA information)
- ➢ When the homeowner intends to conduct the work, an Owner Builder Affidavit Form must be submitted with this application (see form attached)

DESCRIPTION OF REQUEST:

_____

_____

_____

_____

The ACC will automatically reject the application if all required information is not provided either, as requested, or at the time of submission. **The date of submission is considered the date a completed form AND all requested supporting documentation is submitted.** The ACC will review the application and either approve, modify or disapprove in writing **within thirty (30) days after receipt of the completed submission**. If rejected, you have the right to appeal to the Board of Directors. Should you require additional information please contact Advantage Property 772-334-8900.

The undersigned acknowledges that they have read this application and understand that approval is not granted for the item(s) requested until you receive the signed approval.

Applicant's Signature _____

Applicant's Signature _____

Architectural change requests, conditions of approval will be in compliance with association documents. Any work that is conducted without an approved ACC application and/or deviates from an approved application or otherwise governed by Association Documents will be subject to removal/alteration as directed by the Board and subject to fines levied.
Screen frames and doors must be white, and the screens themselves must be bronze or charcoal. All exterior aluminum must be white.
All windows must have white grids except for patio doors, picture windows or windows facing the rear of property. No window or wall a/c units are permitted.
The applicant/owner shall bear full responsibility for any damage caused to common areas, other homeowners' property or other areas maintained by the association.

APPLICATION: [ ] APPROVED

[ ] APPROVED WITH CONDITIONS LISTED BELOW

[ ] REJECTED

ADDITIONAL CONDITIONS:

_____

_____

_____

_____

ACC Comm. Member Signature

_____Accept:_____Reject:____
ACC Comm. Member Signature

_____Accept:_____Reject:____
ACC Comm. Member Signature

_____Accept:_____Reject:____

Property Owner:_____

Address: _____

IMPORTANT INFORMATION ABOUT PAINTING

No colors will be grandfathered. You may repaint your home, trim, driveway, the same color it is currently. However, if you wish to change the colors you must pick from the below authorized options. Not mandatory but helpful information you should know before you paint; When changing the paint color of your house, if you do not use an exterior primer before you paint your chosen color, it will not look the same as the paint chip. Driveways are particularly difficult to maintain due to the multiple layers of different types of paint used over the years. It is not required, but it is suggested, to get the longest life out of your painted driveway you can have the concrete sandblasted (or whatever removes the paint down to the concrete) Then use a Xylene paint and do not drive on or park on the driveway for 3 to 5 days until cured. This helps keep the paint from pulling up and peeling, it also helps deter tire marks and stains.

Sherwin-Williams Paint. Please circle your choice and submit to the property manager for ACC review.

House Colors 1 - 8: PICK ONE:	Trim Options: PICK ONE:			
1. Unusual Gray (7059/237-C3)	Dover White (6385/261-C2)	Sedate Gray (6169/211-C1)	Ibis White (7000/260-C2)	
2. French Moire (9056/173-C3)	Dover White (6385/261-C2)	Sedate Gray (6169/211-C1)	Ibis White (7000/260-C2)	
3. Sedate Gray (6169/211-C1)	Dover White (6385/261-C2)	Unusual Gray (7059/237-C3)	Ibis White (7000/260-C2)	
4. Stone Lion (7507/248-C3)	Dover White (6385/261-C2)	Sedate Gray (6169/211-C1)	Ibis White (7000/260-C2)	Sand Dollar (6099/201-C1)
5. Mellow Coral (6324-114-C2)	Dover White (6385/261-C2)	Sedate Gray (6169/211-C1)	Ibis White (7000/260-C2)	Sand Dollar (6099/201-C1)
6. Jersey Cream (6379/130-C1)	Dover White (6385/261-C2)	Sand Dollar (6099/201-C1)	Ibis White (7000/260-C2).	
7. Colonial Revival Green Stone (2826)	Dover White (6385/261-C2)	Sand Dollar (6099/201-C1)	Ibis White (7000/260-C2)	
8. Ibis White or Dover white (7000/260-C2) (6385/261-C2)	Unusual Gray (7059/237-C3)	Sedate Gray (6169/211-C1)	Dover or Ibis (6385/261-C2) not same as base	Sand Dollar (6099/201-C1)

FRONT DOOR OPTIONS PICK ONE:

1. Stardew (9138/221-C3)
2. Positive Red (6871/101-C7)
3. Extra White (7006/257-C1)
4. Tricorn Black (6258/251-C1).
5. Silken Peacock (9059/CR8)
6. Butter Up (6681/135-C2)
7. Espalier (6734/150-C7)

GARAGE DOOR: White Only (7006/257-C1)

DRIVEWAY OPTIONS: 1. Sun Buff (Porter Paints on US1) 2. Bombay HC133 (Sherwin-Williams)

This form below must be Notarized and Submitted for owner/builder projects when not using a licensed contractor or when doing the work yourself:

EAGLE RIDGE HOMEOWNER'S
ASSOCIATION

OWNER/BUILDER AFFIDAVIT & DISCLOSURE STATEMENT FORM

Florida Statutes, Chapter 489.103(7)

The provisions of Florida Statutes Chapter 489 require construction to be performed by a licensed contractor. You have applied for a permit under an exemption to the law under Chapter 489.103 (7). The exemption allows you, as the owner of your property to act as your own contractor even though you do not have a license. Provided you comply with the following stipulations outlined below. YOU MUST PERFORM OR SUPERVISE THE CONSTRUCTION YOURSELF. County Ordinances require that all permit recipients possess technical knowledge to personally supervise all permitted work.

Please carefully read the Disclosure statement below, prior to signing. If these rules are violated the Eagle Ridge Homeowner's Association shall withhold final approval, revoke the approval or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the approval issued.

DISCLOSURE STATEMENT

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder approval 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.

2. I understand that, as an owner-builder, 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 permits and contracts.

3. I understand that 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 sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

4. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

5. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

6. I understand that it is a frequent practice 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 and 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.

8. 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. 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. I understand not following these laws may subject me to serious financial risk.

9. I agree that, as the party 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.

10. 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 (805) 487-1395 or www.myfloridalicense.com/dbpr for more information about licensed contractors.

11. I am aware of, and consent to, an owner-builder building approval applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: _____

12.I agree to notify the Eagle Ridge Homeowner's Association immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.
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 and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in a 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.

OWNER/BUILDER AFFIDAVIT & DISCLOSURE STATEMENT FORM

_____ _____
Signature Print Name

_____ _____
Date Florida Driver's License No.

NOTARY PUBLIC

The foregoing instrument was acknowledged before me this_____day of_____,_____by _____ who produced_____as identification and who did (did not) take an oath.

_____ _____ _____
Signature Printed Name Date
Serial No._____Commission Expires _____

EXAMPLE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/22/2025

PRODUCER

Jupiter Insurance Agency
126 center st #b2
jupiter fl 33458
561-747-0566

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Business Name
Address
City, ST Zip
Tel: xxx-xxx-xxxx

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: JAMES RIVER INS CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	Y	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	P0000001234	01/09/25	01/09/26	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMSMADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

TYPED
Property Owner Name
Street Address
City, ST ZIP

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jacqueline Lopez

EXAMPLE

EMBIENT-02

ADELOSRIOS

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/22/2025

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
Acrisure Southeast Partners Insurance Services, LLC
1317 Citizens Blvd
Leesburg, FL 34748

CONTACT NAME:
PHONE (A/C, No, Ext): (800) 845-8437
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Bridgefield Casualty Insurance Company	10335
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Business Name
Address
City, ST Zip Tel:
xxx-xxx-xxxx

COVERAGES **CERTIFICATE NUMBER:** **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			12345678	6/1/2025	6/1/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

TYPED
Property Owner Name
Street Address
City, ST ZIP

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

Ron DeSantis, Governor

EXAMPLE

Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BUSINESS OWNER NAME
Business Name
Address
City, ST Zip

LICENSE NUMBER: CCC1234567

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/06/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.