

CASCADES RESIDENTS' ASSOCIATION, INC. & VILLAGES
Architectural Review Board (ARB)/Architectural Review Committee (ARC)
Resident Application Form

Revised – March 2025

ARC/ARB APPROVAL PROCESS

No landscaping or structure of any kind, including but not limited to any building, fence, wall, swimming pool, driveway, sidewalk, tennis court, screen enclosure, sewer, drain, disposal system, decorative building, landscape device generator, pavers, paint on the exterior of the home or object, lighting or other improvement, shall be commenced, erected, placed or maintained upon any Lot unless plans, specifications and location of the same, or any other information requested is provided, in writing, to the Architectural Review Committee (ARC) of your village on the forms promulgated by your village and any application fees, if any, paid. Application forms may be obtained in the Clubhouse Office or Managers' Office. The following procedure must be followed for approval or denial.

1. Once completed plans are submitted, the ARC will meet upon at least 48 hours' notice to the residents in the community by giving the date, time and place of the meeting along with the agenda (i.e., application(s) to be considered. The applicant has the right to attend and make a presentation to the committee.
2. This meeting must take place, a decision made and the applicant advised of the decision, in writing, within thirty (30) days of the completion of the application.
3. Should the ARC fail to meet, decide and advise the applicant within said 30 days, the application shall be deemed approved.
4. If the application is denied by the Village ARC, the matter is dead. There is no right of appeal to anybody.
5. If the application is approved, the Village shall immediately provide written notice to the President of the Master Board and the Property Manager. The Architectural Review Board (ARB) of the Master Board shall then have an additional thirty (30) days to meet and consider the approval upon 48 hours' notice of the meeting to the community who may attend but has no right to be heard.
6. The ARB has the right to confirm the approval or deny the approval. The decision of the ARB shall be given in writing to the applicant and President of the Village to which the application was made and the Property Manager. There is no appeal from the decision of the ARB.

In no event shall an applicant have the right to rely upon anything other than the procedure outlined above. Any oral representation or written representation from any board member or member of an ARC or ARB shall not be relied upon unless it is authorized by the appropriate ARC or ARB following the meetings set forth above.

CONTRACTOR & RESIDENT CHECK LIST

1. Contractor's current business license for Palm Beach Country must be provided.
2. Contractors are required to provide current Certificates of Liability Insurance and Workers Compensation and updated copies if expiring during the job.
3. **Certificates of Liability Insurance and Workers Compensation must cover the Homeowner, the Village and Master Association(s).**
4. **The Liability Insurance and Workers' Compensation Certificates must be written as follows:**
 - **A) In the name of Homeowner with his and/or her address.**
 - **B) The Cascades Residents Association, Inc. 6601 Cascades Isle Blvd. Boynton Beach FL 33437.**
 - **C) (Village) at the Cascades Homeowners Association, Inc. 6601 Cascades Isle Blvd. Boynton Beach FL 33437.**

Three certificates are required, or one certificate listing B and C as additional insured. The contractor's business license must be included. A sample Certificate of Liability Insurance with specific data items that must be entered is on page 7 of 7 of this document.

5. Contractors shall not start any work onsite prior to receiving permit(s) if applicable.
6. Contractors are not to start any work onsite prior to receiving approval from ARB/ARC Application Process.
7. **The Contractors must provide for application approval of all drawings, diagrams and other required blueprints listing any and all colors to be used in the project prior to the approval process.**
8. **All resident architectural project approval requests require a \$500 application fee security deposit check payable to the appropriate village.** At project completion, the applicant will be responsible for all costs associated with repair of damage to common village or CRA property. If necessary, the security deposit will be applied to cover the repair costs. Any unused portion of the security deposit will be refunded to the applicant.

DESIGN CHANGES AFTER INITIAL ARB/ARC APPLICATION PROCESS APPROVAL

In the event of a design or location change after the initial ARB/ARC Application Process approval, the Contractor must provide all revised drawings, diagrams and other required blueprints for ARB/ARC Application approval prior to the start of any work.

ALL CONTRACTORS PLEASE NOTE:

It is the responsibility of the contractor to perform all work required **INCLUDING** 100% clean up during and upon completion. Contractor agrees that any damage done by the contractor, their employees and all sub-contractors, to the resident's property, village and/ or common properties will be corrected at the contractor's expense including but not limited to: Tire and tar marks, damage to structures and hard surfaces, damage to private and public landscaping, etc.

ROOF TILE INSTALLATION

All Roof Tiles must be as close as possible to original color they are replacing or of a blending acceptable match to the color paint palette of the home's exterior walls. Size, style and color of the tiles must be approved by the village ARC.

Final approval of roof tiles **MUST** be inspected upon delivery by the village ARC prior to offloading and installation.

A **48 HOUR NOTICE** is to be provided by the Contractor to the Castle Management office prior to roof tile delivery. Failure of notification can result in delay of project and/or suspension of the Contractor to do work in The Cascades. **PLEASE DO NOT** begin any work prior to receiving approval notification.

For any questions, please contact the Castle Management Cascades Clubhouse Office at (561) 740-4955.

THE CASCADES ARCHITECTURAL REQUEST FORM

DATE: _____

NAME: _____ PHONE-DAY: _____

ADDRESS: _____ PHONE-EVE: _____

LOT/BLOCK: _____

COMMUNITY: (Circle Village) LALIQUE – LIMOGE - WATERFORD – WEDGEWOOD

GENERAL DESCRIPTION OF MODIFICATION/ALTERATION:

ROOF TILE MAKE & COLOR:

HOMEOWNER SIGNATURE:

COLOR SCHEME OF HOME

COLOR OF STUCCO: _____

COLOR OF TRIM: _____

TYPE OF DRIVEWAY: _____

COLOR OF DRIVEWAY: _____

TYPE OF ROOF: _____

COLOR OF ROOF: _____

COLOR OF DOOR (INCLUDING GARAGE): _____

INSTRUCTIONS FOR FILING REQUEST:

1. Modification categories are listed on the following pages.
2. Structural modifications on all additions must include a survey showing the exact position of the addition, landscaping, etc. and a copy of Palm Beach County permits. Also, please note placement of current landscaping.
3. Paint samples submitted must be large enough for the ARC/ARB to determine actual paint color.
4. All structural additions must include a landscaping plan in order for the Committee to consider the request. All landscaping plans must include the type, height and quantity of the proposed landscape material.
5. Any architectural rendering submitted to the ARC/ARB will be returned to the homeowner.
6. Any incomplete packages will be returned to the homeowner with a request to submit all proper documents. **The ARC/ARB will not be able to review your request until such time as your packet is complete.** The ARB after ARC approval will notify you in writing of their decision within the allotted time as per the governing docs that may take up to 30 days plus. **PLEASE DO NOT START WORK BEFORE THE APPROVAL PROCESS IS COMPLETE AND PERMITS ARE RECEIVED.**

THE FOLLOWING INFORMATION MUST BE PROVIDED WITH REGARD TO THE CONTRACTOR WHO WILL PERFORM THE MODIFICATION/ALTERATION:

1. CONTRACTS NAME: _____
2. ADDRESS: _____
3. TELEPHONE#: _____ FAX# _____
4. PROOF OF LIABILITY INSURANCE AND WORKERS COMPENSATION IS REQUIRED TO BE ATTACHED TO THIS APPLICATION.

LIABILITY/WORKERS COMPENSATION INSURANCE MUST HOLD HARMLESS THE HOMEOWNER AND THE CASCADES RESIDENTS' ASSOCIATION AND BE PRINTED IN THE HOLD HARMLESS SECTION OF THE PROOF OF LIABILITY INSURANCE

5. **PROOF OF VALID CONTRACTOR'S LICENSE, CURRENTLY ACTIVE IN THE STATE OF FLORIDA IS REQUIRED TO BE ATTACHED TO THIS APPLICATION.**
 - A. Please be advised that if the alteration is to be structural modification or the construction of it will result in modification to the structural integrity of the building, a certified report from a registered engineer that the design will in no way alter or affect the structural integrity of the building, must be submitted with the plans. The cost of the report will be borne by the Owner of the Property.
 - B. The ARC reserves the right to charge for outside consultant services and for the Committee's review.
 - C. **LIMITATION OF RESPONSIBILITIES:**

The primary goal of the ARC is to review the application (plan and specifications) submitted to it to determine if the proposed modification/alteration complies with the deed restrictions and to determine if the proposed modification/alteration conforms in appearance with the standards and policy set forth by the Declaration in regard to the Architectural Control Board. The ARC does NOT review and assumes NO responsibility for the following:

1. The structural adequacy, capacity or safety features of the proposed Modification/alteration.
2. Whether or not the location of the proposed modification/alteration of the building site is free from possible hazards from flooding, or from any other possible hazard, whether caused by conditions occurring either on or off the property.
3. Soil, erosion, uncompacted or unstable soil conditions.
4. Mechanical electrical or any other technical design requirements for a proposed project.
5. Compliance with any and all building codes, safety requirements or governmental laws, regulations, codes, or ordinances.
6. Performance or quality of work of any contractor.

I Understand that the Architectural Control Board approval for the requested changes to my home does not, at any time, waive my responsibility to obtain, or in any way substitute for a mandatory building permit from the proper governmental departments, nor does it in any way guarantee the workmanship or quality of the requested work.

HOMEOWNER SIGNATURE: _____

PRINT NAME: _____

DATE: _____

CONTRACTOR'S RESPONSIBILITIES

It is the responsibility of the contractor to perform all work required including 100% clean up. The Contractor agrees that any damage done by the Contractor, its employees and all sub-contractors, to the resident's property or common areas of the Cascades and its Villages will be corrected at the Contractors expense including but not limited to: Tire and tar marks, damage to structures and hard surfaces, damage to private and public landscaping.

All changes to design and location from the original applications must be reprocessed before work will begin.

CONTRACTORS SIGNATURE: _____

PRINT NAME: _____

DATE: _____

ROOF TILE INSTALLATION

Final approval of roof tiles **MUST** be inspected upon delivery by the village ARC prior to offloading and installation. A **48 HOUR NOTICE** is to be provided by the Contractor to the Castle Management office prior roof tile delivery. Failure of notification can result in delay of project and/or suspension of the Contractor to do work in The Cascades. **PLEASE DO NOT** begin any work prior to receiving approval notification.

For Any questions please contact Castle Management at the Cascades Clubhouse Office (561) 740-4955. Please return this form to: The Cascades Homeowners Association, Inc., Castle Management Office at The Cascades Clubhouse, 6601 Cascade Isles Blvd.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

SAMPLE

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

Village and Master Association and Address for Additionally Insured

CERTIFICATE HOLDER

Homeowner's Name and Address Here

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