



**RESIDENCES AT MIDTOWN CONDOMINIUM ASSOCIATION, INC.**  
4901 Midtown Lane, Palm Beach Gardens, FL 33418 – (561) 493-8191  
**ARCHITECTURAL REVIEW COMMITTEE APPLICATION**

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Unit Owner's Name: \_\_\_\_\_

Building: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

DESCRIBE THE CHANGE/ADDITION/INSTALLATION OF THE WORK PROPOSED: (i.e., Flooring, Unit Wall Modifications, Plumbing, Electrical, etc.)

\_\_\_\_\_  
\_\_\_\_\_

MATERIAL DIMENSION/SIZE ONLY FOR THE PATIO/BALCONY INSTALLATION:

\_\_\_\_\_  
\_\_\_\_\_

MATERIAL(S):

\_\_\_\_\_  
\_\_\_\_\_

PATTERN OF FLOOR LAYOUT FOR EXTERIOR PATIO BALCONY ONLY– CONSIDER A SKETCH IF NECESSARY:

\_\_\_\_\_  
\_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Items included:**

\_\_\_\_ **Contractor's Occupational License (Required for flooring, major plumbing, A/C, and/or Electrical work)**

\_\_\_\_ **Contractor General Liability Insurance**

\_\_\_\_ **Soundproof Test Report (ASTM) for the Flooring Underlayment**

\_\_\_\_ **Workers Compensation Insurance**



Dear Homeowner:

The Residences at Midtown Condominium Association, Inc. requires your application for review and approval by the Association's Architectural Review Committee "ARC" and the Board of Directors "BOD". No Unit Owner shall make any substantial addition, material alteration or improvement in or to the Common Elements, the Unit or any Limited Common Element such as ones [Declaration of Condominium Section 9.1] Patio/Balcony flooring, interior modifications such as but not limited to flooring, major plumbing, A/C, and/or Electrical work. The Unit Owner **MUST** obtain approval prior to the commencement of any work. The purpose of this requirement is to adhere to the Association requirements and protect the quality of life and property values within our community. Your understanding is greatly appreciated.

**\*\* Failure to obtain Architectural Approval before the work is started will result in fines and or fees.**

**WRITTEN APPROVAL MUST BE OBTAINED PRIOR TO THE IMPLEMENTATION OF ANY WORK/CHANGE.**

**Instructions:** The completed application and supporting documentation is to be returned to the office of the Property Manager for processing. Applications are reviewed at the monthly ARC Meeting and then reviewed and acted upon as part of the agenda of each monthly Association Board meeting. While we make every attempt to process requests quickly, in some cases additional research or consultation may be required. Please allow 30 to 60 days for review.

**Required Information:** Each application must include supporting information in order to facilitate thorough and timely processing by the Architectural Review Committee and the Board of Directors. In all cases please include:

- A copy of your contractor's license & insurance information. **Certificate of insurance must include both general liability and workers compensation insurances. The Certificate holder MUST be indicated as: Residences at Midtown, 4901 Midtown Lane, Palm Beach Gardens, FL 33418.**

**Specifications or product descriptions:** Attach a copy of the contractor's plans and a suitable drawing and/or a picture(s) if you are modifying the unit's interior design/layout. Include samples of the flooring materials being proposed if you are modifying your patio/balcony with the installation of tile or whatever material you are proposing. **A copy of the manufacturers published specifications for the soundproofing that you are proposing will require a minimum STC rating of 52 over the existing 6-inch concrete slab floor for your new tile or wood flooring within your unit MUST BE SUBMITTED. No sound proofing of your floor is required for any first floor unit. Provide a copy of the applicable ASTM test for the soundproofing for your floor system underlayment.**

**Obligation:** The owner(s) agree(s) to take full responsibility for, and to bear the full cost of immediate repairs or replacement of any item(s) on the property of the Association or the property of others that may be damaged and/or destroyed by the work done pursuant to the request, whether such damage is caused directly by the owner or indirectly by the contractor, employee, or agent of the owner.

**On Site Access:** Contractors may only work during the hours of 8:00 am to 6:00 pm, Monday through Friday and 10:00 am to 5:00 pm, Saturday. All contractor's, contractor vehicles, etc. must be off the premises by 6:00 pm, Monday through Friday and by 5:00 pm on Saturday. No work is permitted on Sundays or major holidays.

**The project must begin within ninety (90) days and be completed within six (6) months from the requested approval date.**

**THIS SECTION TO BE COMPLETED BY THE ARC COMMITTEE**

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Building#: \_\_\_\_\_ Unit #: \_\_\_\_\_

Request Received by Management: \_\_\_\_\_ Date Acted On: \_\_\_\_\_

**Circle one** – Approved   Denied   Conditional Approval   Defer for Further Information

Comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY THE BOARD OF DIRECTORS**

Date Acted On: \_\_\_\_\_

**Circle One** – Approved   Denied   Conditional Approval   Defer for Further Information

Comments:

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***For the Board of Directors:***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Inspection of floor underlayment/sound installation material by:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date of inspection \_\_\_\_\_

**Date: Approval/Denial emailed to owner:** \_\_\_\_\_