

# Architectural Modification Checklist

**THE ARCHITECTURAL MODIFICATION PROCESS CAN TAKE UP TO 30 WORKING DAYS  
ONCE WE RECEIVED ALL THE REQUIRED INFORMATION NEEDED FOR REVIEW.  
Please do not contact our office for an update prior to the 15 working days**

**ANY ARCHITECTURAL APPLICATION WITH ANY MISSING DOCUMENTS BELOW  
WILL NOT BE ACCEPTED AND IMMEDIATELY DECLINED - NO EXCEPTIONS**

1. Complete architectural application leaving no empty spaces required. \_\_\_\_\_  
MUST contain a full description of the modification work requested.  
And you must state if the work is to be conducted by the owner or a contractor.
2. Current Copy of the contractor's business license. \_\_\_\_\_
3. Current copy of the contractor's liability Insurance certificate. \_\_\_\_\_  
The certificate holder must show your Association's Name and  
Certificate must be current and cannot expire within 30 days of submission.  
If the certificate is not correct the modification will be declined and you will need to resubmit.

Sample:

CERTIFICATE HOLDER
Your Association's Name 14411 Commerce Way Ste 316 Miami Lakes, FL 33016

ACORD 25 (2001/08)

4. Boundary survey of your property showing the modification with dimensions \_\_\_\_\_  
Survey must clearly indicate the changes you are requesting in color.  
(survey needed for: Driveway, Patio extension, landscaping, Pergola install, pools. Etc)
5. Complete project documents, Miami Dade Notice of Acceptance (NOA), \_\_\_\_\_  
contracts, and picture of the items being installed.  
For painting the color swatch or complete color information with picture required
6. Permit number or Permit application submission number will be required \_\_\_\_\_  
for major project (ex: Driveways, Windows, Door, Roof, Patio's, Pools, Property Extensions, etc.)

- ❖ All Documents must be submitted together no missing items.
- ❖ Your account must be current before approval can be released.
- ❖ No work can begin until you received the approval letter from our office.
- ❖ Any work done without approval will be subjected to a violation and will be sent to the Attorney for legal actions.

Submit the modification package to [info@newhorizonspropertymgmtsolutions.com](mailto:info@newhorizonspropertymgmtsolutions.com).  
New Horizons Property Management Solutions, LLC.  
14411 Commerce Way Suite 316, Miami Lakes, FL 33016  
Phone: 786-391-0087

(See page 2 for Spanish version)

# Modificacion Arquitectural

Spanish Version

**EL PROCESO DE MODIFICACIÓN ARQUITECTURAL PUEDE TOMAR HASTA 30 DÍAS LABORALES, DESPUES QUE RECIVAMOS TODA LA INFORMACIÓN, Y LA DOCUMENTACION REQUERIDA PARA PROCESAR SU APLICACION.**

**Por favor no llamar a nuestra oficina para obtener el estado de la aplicacion antes de los 30 días laborables.**

**CUALQUIER SOLICITUD DE MODIFICACION ARQUITECTURAL QUE SEA SOMETIDA INCOMPLETA O FALTANDO LOS DOCUMENTOS REQUIRIDOS, NO SERA ACEPTADA Y SERA INMEDIATAMENTE RECHAZADA - SIN EXCEPCIONES**

**Asegúrese que todos los documentos requeridos debajo estén agregados a su aplicación.**

- 1 Aplicación arquitectural completa sin dejar espacios vacíos incluyendo la descripción detallada señalando el trabajo que esta solicitando. Debe indicar en esta descripción si el trabajo será realizado por el propietario de la propiedad o por un contratista. \_\_\_\_\_
- 2 Copia corriente de la licencia comercial del contratista (si el trabajo ha a ser realizado por el dueño, esto no es necesario) \_\_\_\_\_
- 3 Copia corriente del certificado de seguro del contratista. El certificado debe contener el nombre de la asociación y debe estar vigente (no puede vencerse durante los 30 días posteriores a la presentación. Si el certificado no es correcto, la modificación se rechasada y deberá volver a enviarla. \_\_\_\_\_

**Muestra::**

CERTIFICATE HOLDER
Your Association's Name 14411 Commerce Way Ste 316 Miami Lakes, FL 33016

ACORD 25 (2001/08)

- 4 Survey de su propiedad indicando la modificación con las dimensiones La petición debe indicar claramente los cambios que solicita señalado en color. (necesario para entrada de autos, extensión de patio, jardinería, instalación de pérgola, piscinas, etc.) \_\_\_\_\_
- 5 Documentos completos del proyecto, Aviso de aceptación de Miami Dade (NOA), contratos y fotos de lo que se está instalando. Para pintura, muestra del color o la información completa y foto del color \_\_\_\_\_
- 6 El número del permiso o el número de solicitud de permiso sera requerido para los Proyectos grandes. (por ejemplo: los caminos de entrada, Ventanas, puertas, techo, Patio de, piscinas, propiedad de extensiones, etc.) \_\_\_\_\_

- **Todos los documentos deben enviarse juntos sin ningun documento faltando.**
- **Su cuenta debe estar en balance 0.00 antes de recibir la aprobacion**
- **Ningún trabajo puede comenzar hasta que reciba la carta de aprobación de nuestra oficina.**
- **Cualquier trabajo realizado sin aprobación estará sujeto a una violación y será enviado al abogado para acciones legales.**

Su aplicacion debe ser enviada a [info@newhorizonspropertymgmtsolutions.com](mailto:info@newhorizonspropertymgmtsolutions.com).

New Horizons Property Management Solutions, LLC.  
14411 Commerce Way Suite 316, Miami Lakes, FL 33016  
Phone: 786-391-0087

**For Architectural Modification**

TO: Board of Directors of: MIAMI LAKES LOCH ISLE HOMEOWNERS' ASSOCIATION INC.  
c/o New Horizons Property Management Solutions, LLC 14411 Commerce Way #316 Miami lakes, FL 33016

FROM: Owner's name \_\_\_\_\_  
Property Address: \_\_\_\_\_ Acct: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**In order to process this application, the following must be attached:**

1. Copy of contractor license
2. Copy of contractor insurance
3. Sketch of Boundary Survey with proposed modifications drawn on the survey
4. The appropriate drawings showing both a plan view and an elevation
5. Specifications of the proposed modifications (ex, color, style, etc.)
6. Pictures if applicable.

Approval is hereby requested to make the following modification(s), alterations, or addition(s) as described below and on the additional attached pages.

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

Signature of owner: \_\_\_\_\_

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

.....  
(FOR BOARD OF DIRECTORS USE ONLY)

Date application Received: \_\_\_\_\_ Date of Approval/ Disapproval: \_\_\_\_\_

☐

Approved

☐

Disapproved

\_\_\_\_\_  
(Board of Directors)

Your approval is subject to the following:

1. You are responsible for obtaining any necessary permits from the appropriate Building and Zoning department(s).
2. Accesses to areas of construction are only to be allowed through your property, and you are responsible for any damage done to the common elements during construction.

Explanation of Disapproval:

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

# *Miami Lakes Loch Isle Homeowners' Association, Inc*

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## **Architectural Control Committee Rules and Regulations for** **Electric Vehicle Charging Stations**

Miami Lakes Loch Isle Homeowner's Association, Inc. (the "Association") acknowledges that electric vehicles are poised to grow in popularity over the following years. Homeowners who seek to install an electric vehicle charging station ("EVCS") on or to their Home are required to seek approval from the Association's Architectural Control Committee.

Florida Statute 720.3035 and the Association's Declaration of Restrictions grant the Association's Architectural Control Committee (the "ACC") the authority to create guidelines and standards for the installation of EVCS on Homes within the Association, review proposed plans for the installation of EVCS and ultimately approve the installation of any EVCS on any Home within the Association.

Pursuant to the laws of the State of Florida and the Association's governing documents and in an effort to maintain the aesthetic appeal and visual identity of our community, the ACC of the Association has promulgated the following guidelines and rules and regulations for the installation of EVCSs:

1. Any Homeowner who seeks to install an EVCS to their Home must request and complete an exterior modification application, which requests information such as electrician's insurance, electrician's license and graphic depiction of work to be performed. The exterior modification application must be completed and provided to the management company or the ACC. The Owner submitting the exterior modification application must wait for the ACC's approval **PRIOR** to commencing any work with regard to the installation of the EVCS to their Home.
2. All exterior modification applications must be requested and completed by the owner of the Home requesting the modification.
3. Any Homeowner seeking to install an EVCS to their Home must comply with all federal, state, and local laws and regulations regarding the installation of EVCSs, including obtaining any permits from the Town of Miami Lakes applicable to the installation, maintenance, repair, or removal of an EVCS.
4. Any Homeowner installing an EVCS must comply with the following reasonable architectural standards adopted by the ACC that govern the dimensions, placement, and external appearance of the EVCS, provided that such standards do not prohibit the installation of the EVCS or substantially increase the cost thereof.
  - (a) The EVCS and/or electrical vehicle supply equipment will be placed on the frontage of the Home on the wall where electrical equipment, such as meters, are currently located. This is the wall where the storage unit is located.
  - (b) The EVCS pedestals shall not be permitted.
  - (c) The EVCS must not be higher than 48 inches from the ground.
  - (d) The EVCS charging hose shall not exceed 25 feet in length.
  - (e) The EVCS shall not exceed an area of 24 inches by 24 inches.
  - (f) The EVCS must be Level 1 or Level 2.



## *Miami Lakes Loch Isle Homeowners' Association, Inc*

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5. Any EVCS and wiring **must be** installed by a certified, licensed and insured electrician. The Owner shall provide the ACC with proof of the electrician's Florida license and insurance.
6. Any Homeowner installing an EVCS is responsible for any damage to adjacent Homes or Common Areas arising from the installation, use, removal, replacement, maintenance or repair of the EVCS.
7. At no time shall any portion or part of the EVCS be maintained on any Common Areas of the Association.
8. The current Homeowner is responsible for the removal of the EVCS and wiring and bringing all conditions of the Home back to its original state, at the Homeowner's expense should the Homeowner:
  - (a) No longer have a need for the EVCS; or
  - (b) Sell the Home or terminate an existing lease agreement.
9. Any EVCS installed on a particular Home is for the exclusive use of the Homeowner who installed it and must not to be shared with other Homeowners, guests, invitees or licensees.
10. In addition to the Association's restrictions and requirements, any Homeowner installing an EVCS must comply with all current or future Florida statutes and/or codes from the Town of Miami Lakes, Miami Dade County or the State of Florida.

By signing below, you acknowledge awareness of EVCS approval procedure, including restrictions outlined above. Please keep a copy of this acknowledgement for your records.

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Signature

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Date





6601 Main St • Miami Lakes, Florida, 33014  
Office: (305) 827-4015 • Fax: (305) 558-9884  
Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

## BUILDING PERMIT APPLICATION

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

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

Folio #: 32-

Owner-Builder: ☐

Master Permit #: \_\_\_\_\_

Sub Permit #: \_\_\_\_\_

Revision #: \_\_\_\_\_

OWNER INFORMATION		LEGAL USE/ WORK	
NAME :		Current Use of Property: _____	
Address:		Job Description _____	
City, State, Zip		_____	
Phone #: _____	Cell #: _____	JOB COST \$ _____	AREA/LENGTH: _____ SF/LF
Email Address: _____		Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	
		Code in Effect: _____	
		Occupancy: _____	
		Construction Type: _____	
		Flood Zone/B.F.E.: _____	F.F.E.: _____
CONTRACTOR INFORMATION		ARCHITECT/ ENGINEER	
Company Name:		Firm Name: _____	
Qualifier Name:		A/E of record: _____	
License #		License #	
Address		Address	
City, State, Zip		City, State, Zip	
Phone #: _____	Cell #: _____	Phone #: _____	Cell #: _____
Email Address: _____		Email Address: _____	
Permit Type -- Check only One		Change to Permit -- Check only One	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas		<input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Revision	
<input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing <input type="checkbox"/> P/W		<input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Cancellation	

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X

X

Signature of Owner or Owner's Agent

Date

Signature of Qualifier

Date

Print Name of Owner or Owner's Agent

Print Name of Qualifier

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ 20\_\_

by \_\_\_\_\_ (SEAL)

Personally known ☐ or I.D. \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ 20\_\_

by \_\_\_\_\_ (SEAL)

Personally known ☐ or I.D. \_\_\_\_\_

**NOTICE:** In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

**NOTE:** This application will be void if there are no reviews after six(6) months.



6601 Main St • Miami Lakes, Florida, 33014

Office: (305) 827-4015 • Fax: (305) 558-9884 Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

## HOMEOWNER'S ASSOCIATION/COMMERCIAL/ARCHITECTURAL CONTROL COMMITTEE ("HOA/ACC") AFFIDAVIT

**\*\*NOTE: Whether you have an HOA or not, it is a requirement to complete this affidavit as part of your permit application submittal package.\*\***

The undersigned individual, being duly sworn, deposes and says that:

1. He/She is the owner of property located at \_\_\_\_\_ (identify address), which is part of the \_\_\_\_\_ (identify neighborhood/subdivision/Homeowner Association "HOA"/Architectural Control Committee "ACC" if applicable) and has submitted the attached building permit application to the Town of Miami Lakes; and
2. He/She is owner of property which may be subject to certain conditions and deed restrictions; and
3. He/She is fully informed regarding any applicable deed restrictions and HOA/ACC requirements for building on or making changes to their property; and
4. He/She is aware that the Town recommends, although not required, that the he/she secure any required approvals from their HOA/ACC, prior to submitting this building permit application; and
5. He/She acknowledges that the issuance of a building permit does not independently satisfy any applicable HOA/ACC approval requirements and that the Town does not enforce any deed restrictions upon said property.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

STATE OF FLORIDA                     )  
   ) SS:  
COUNTY OF MIAMI-DADE             )

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_ as owner of said property described herein, on this date executed the foregoing Affidavit for the purposes mentioned in the Affidavit. He/She is personally known to me or has produced \_\_\_\_\_ as identification.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public, State of Florida

**\*Note: Please be advised that in addition to any written recommendations from your homeowners association (HOA) this affidavit must be filled out.**