



ACC CHECKLIST

To Be Completed By Management



NAMES: _____

ADDRESS: _____

MODIFICATION: _____

FORMS

Modification Request Form (MRF)	YES	NO
Installation Waiver Form	YES	NO
Indemnification Form	YES	NO
Certificate of Insurance	YES	NO

MODIFICATION REQUIREMENTS

LANDSCAPING -- Include ALL dimensions and copy of survey	YES	NO
PATIO -- Include ALL dimensions and copy of survey	YES	NO
AWNING(S) -- Include ALL dimensions & sample of fabric	YES	NO
ALL OTHERS -- Include ALL dimensions and copy of survey	YES	NO

BUILDING ADDITIONS REQUIREMENTS

Homeowner or builder or NJ Licensed Architect drawings to include details/specs of any new foundation required YES NO

If appropriate, review by Association architectural engineer YES NO

Homeowners **MUST** acknowledge receipt of Building Addition Guidelines

Date: _____

(Homeowners' Signatures Required)

Received Packet from Homeowners: _____ Date: _____



FOUR SEASONS AT WALL HOMEOWNERS ASSOCIATION, INC.

2519 Sparrowbush Lane, Manasquan, NJ 08736

Tel: 731-223-2289 Fax: 732-223-7120



MODIFICATION REQUEST FORM (MRF)

Four Seasons at Wall Homeowners Association, Inc.
ATTN: Architectural Control Committee
2519 Sparrowbush Lane
Manasquan, NJ 08736

Today's Date: _____

Dear Committee Member:

In accordance with the Declaration of Covenants and Restrictions of Four Seasons at Wall HOA, Inc., I (We) hereby apply for permission to make the following alterations to the premises:

Nature of Modification: _____

Homeowner Name(s): _____

Address: _____

Model Type: _____

Telephone Numbers: (Home) _____ (Other) _____

E-mail address: _____

Start Date (Following approval by The ACC): _____ Completion Date: _____

**THE MATERIALS USED AND THE COLORS WILL CONFORM
WITH THE EXISTING MATERIALS AND COLORS.**

Date: _____

HOMEOWNERS CERTIFICATION:

ALL MODIFICATIONS ARE INCLUDED HERewith REQUIRING ACC APPROVAL.

Signatures of all owners required: _____

✂ PLEASE NOTE ✂

Attach appropriate sketches, drawings or other documentation and descriptions of work to be done. Indicate materials to be used, color and other pertinent information including name and telephone number of the contractor, along with a current copy of the contractor's Certificate of Insurance.

All modifications and any damages caused by the modification become the Homeowners' responsibility.

No modifications can be done to the outside of your home without prior **written** approval from the Architectural Control Committee.



INSTALLATION WAIVER

Date: _____

Name(s): _____

Address: _____

Phone Numbers: (Home) _____ **(Other)** _____

In consideration of the approval of the Board of Trustees, Master Deed and By-Laws and other good and valuable consideration, I/we the homeowner(s), our heirs and assigns do hereby agree to indemnify and hold harmless the Four Seasons at Wall Homeowners Association, Inc., for any and all liability, maintenance and service responsibility directly or indirectly from installation of _____.
(Type Of Work To Be Completed)

Where any liability, maintenance, service or repair is necessary as a result of the installation of _____, the cost will be borne by the homeowner(s).
(Type Of Work To Be Completed)

In further consideration, the homeowner(s) waive any claim against Four Seasons at Wall Homeowners Association, Inc., for liability, maintenance, service or repair resulting from installation of _____.
(Type Of Work To Be Completed)

Homeowner(s) will not remove the said _____ without prior written approval from the Board of Trustees.
(Type Of Work To Be Completed)

Date: _____ **Homeowner's Signature:** _____

Homeowner's Signature: _____



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INDEMNIFICATION FORM

Homeowner(s) Name: _____

Address: _____

Modification: _____

Contractors Name: _____

Address: _____

Telephone: (Office): _____ (Cell): _____ (Fax): _____

In consideration of Four Seasons at Wall Homeowners Association, Inc., (the "Association") permitting me to enter upon the Association property and for other good and valuable consideration, receipt of which is hereby acknowledged, I (*Contractor's Name*) _____ agree to indemnify, defend and hold harmless the Association, its officers, trustees, attorneys, managers, management company and employees, along with the predecessors and assigns of each of the foregoing from any claims, demands, damages, actions, causes of action, controversies, judgments and/or liabilities of any nature whatsoever caused or resulting from my employees/agents/company performing such services. I agree to abide by all the rules and regulations established by the Association's governing body and will ensure that my employees will abide by those rules and regulations.

Contractor's Signature: _____

Association: Four Seasons at Wall Homeowners Association, Inc.

Date: _____

For Office Use Only

- Current Copy of Insurance Certificate on File
- Please Provide a Copy of Current Insurance Certificate