



## Architectural Review Board Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

**Contractor and its workers must have a valid Driver's License and copy of Certificate of Approval must be shown to enter the Community. Without these documents, access will be denied.**

MODIFICATION	LIST MATERIALS TO BE USED	TYPE/STYLE	COLOR
Roof			
Painting Exterior Walls			
Fascia			
Patio Screen Enclosure			
Privacy Fence			
Driveway/Walk			
Shutters	# of Shutters		
Windows/Doors	# of Windows: # of Doors:		
Other			

**Owner is responsible to obtain County Permits for work being performed on your property.**

### OFFICE USE ONLY

The Architectural Drawings for improvements on the above lot have been reviewed by the Architectural Control Board and have been:

Approved

Approved with Comments

Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairman/Committee Member (Signature)

\_\_\_\_\_  
Date



## **REQUIREMENTS FOR SUBMISSION OF ARB FORMS**

*(Work cannot be started until you receive a signed copy of the approved ARB form)*

### **Owner Information:**

- Complete ARB Form – Fill in each box indicating colors, materials and proposed work
- Indemnity Letter (Notarized)
- A picture of the items that will be installed (Windows, doors, paint samples, etc.)

### **Contractor Information:**

- A copy of the Contract (does not have to show the price)
- Contractor's License
- Proof of Worker's Compensation or Exemption Form
- Certificate of Insurance – Must show the Association's name and address as Certificate Holder:  
**Marbella Park HOA**  
**8325 NW 197 Terrace**  
**Hialeah, FL 33015**
- Scope of Work; including a copy of the Property Survey or a Site Plan indicating where and what the improvements are (if applicable).

The submittal must include one (1) copy of all the above information to be accepted for review.  
(Incomplete ARB Form will not be processed).

The above referenced “permit/construction type” of drawings should be copies of the same set of drawings that will be submitted to the City Building and Zoning Department for a building construction permit. One set should be signed and sealed by the Engineer and/or Architect of record for our records.

Documents can be returned:

- **Via e-mail:** [manager@marbellapark.org](mailto:manager@marbellapark.org), or
- **Hand Delivered to:** Clubhouse Office  
8325 NW 197<sup>th</sup> Terrace  
Hialeah, FL 33015

**NOTE:** Debris must be picked up daily, in a debris vessel / truck, area must be maintained clean daily, due to in climate weather, all materials must be stored adequately to prevent hazardous windblown debris, and prevent liability to persons, vehicles and animals.

**PARKING:** Please be mindful of service vehicles parking within the community, traffic lanes must allow the larger vehicles access-please park to permit school bus, fed ex, and UPS vehicles so they can maneuver easily. Be mindful of children, please pick up tools and/or hazardous equipment throughout the workday. If you are unable to park within your property during the driveway installation project; kindly park temporarily within the visitor parking ‘yellow’ marked spaces.

#### **WORKING HOURS:**

No Sundays  
No Holidays  
Monday through Saturday 8AM to 5PM, not before 8AM or after 5PM



## INDEMNITY LETTER

\_\_\_\_\_  
(Unit Owner's Name)

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

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless **MARBELLA PARK HOA, INC.**, from any and all liability, defense costs, including attorney's fees and all other fees incidental to defense, loss or damage **MARBELLA PARK HOA, INC.** may suffer as a result of claims, demands, costs or judgements against it arising from the work.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City, State, Zip

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## ACKNOWLEDGEMENT

STATE OF FLORIDA,  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ of \_\_\_\_\_, 202\_\_,  
by \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

\_\_\_\_\_  
MY COMMISSION EXPIRES