Moon Bay Condominium Association, Inc. Architectural Standards

Objective to maintain a uniform exterior appearance on all buildings. Whenever possible replacement window and door configurations are to remain as originally constructed. If original configurations are no longer available due to code compliance then the Board of Directors shall designate an approved replacement configuration.

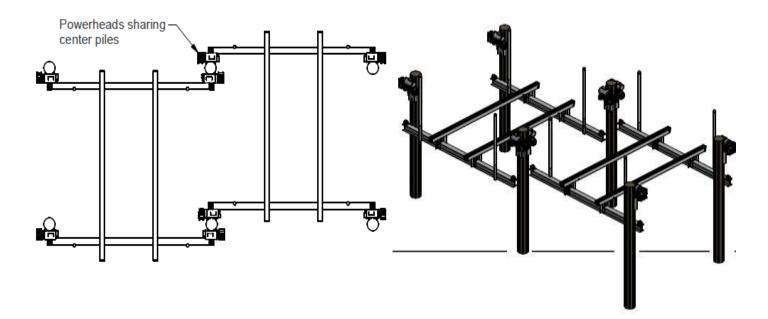
Prior to the commencement of any work, an Architectural Review Form / Application for Modification must be submitted to the Association for review/approval.

General Specifications and Requirements:

- 1. All exterior windows and glass doors shall have bronze aluminum frames.
- 2. All new windows and glass doors will have the approved baseline window tint. The tint color is bronze. (This window tint is from PGT.) This is the only approved tint without providing a sample.
- 3. All replacement windows and glass doors are to be "Hurricane NOA Rated" Large and Small Missile Impact rated and of the same configuration as the original construction.
- 4. Due to the potential for impact from objects at Moon Bay and surrounding areas the association has adopted of the higher missile impact rating (currently required up to 30') on all floors.
- 5. Solid core raised panel fiberglass or impact storm entry doors with approved association paint color permissible.
- 6. Installation of flooring must have approved soundproofing "underlayment" for units in A/B building (except bottom floor level)--State of FL Bldg Dept minimum 50 STC/IIC though 60s recommended. Moreover, balconies and shower walls/floors must have waterproofing/crack prevention before installing any tiles--fore example RedGard Waterproofing/Crack Prevention Membrane.

Boat Lift Minimum Specifications:

- 1. Beamless cradle-lift, 12-16k lbs. capacity with 12" piling within easement between deeded 300sf slips to be able to share lift pilings (Max. Boat LOA 30')--match existing motors & aluminum bunks/layout/specs.
- 2. As per the Association Sponsored December 2015 Cummins-Cederberg Marine Engineering Moon Bay report for a slip with approximate width of 12', the center-to-center distance between 12" pilings estimated at 11'...potential vessel beam up to approximately 10'.
- 3. Must obtain applicable permits comply with county/state & core of engineers and licensed GC requisites





MOON BAY YACHT & TENNIS CLUB APPLICATION FOR UNIT MODIFACTION ARCHITECTURAL REVIEW

PLEASE SUBMIT THIS FORM WITH REQUIRED PLANS AND SPECIFICATIONS TO:

MOON BAY CONDOMINIUM ASSOCIATION, INC.

C/O Gurantee Mgt: asstmanager@guaranteemgt.com

| NAME OF OWNER(S): | | | |
|--------------------|---------------|------|--|
| UNIT/SLIP NUMBER: | | | |
| MAILING ADDRESS: | | | |
| PHONE NUMBERS: Day | Evening | Cell | |
| DATE: | EMAIL ADDRESS | : | |

Approval is hereby requested for the following modification(s), addition(s), and/or alternations as described below and on attached pages:

Type (please check applicable box and describe below):

| Windows/Doors | □Patio/Enclosures | Shutters | □Bathroom/Kitchen | □Other, explain below |
|---------------|-------------------|----------|-------------------|-----------------------|
|---------------|-------------------|----------|-------------------|-----------------------|

This is a Re-Submittal:
No Yes
If yes please provide additional information: ______

Please check the appropriate boxes

- □ Hurricane preparedness upgrades (Product Notice of Acceptance must be attached)
- □ Replace entry door or add screen/storm door (Product information & picture attached)
- □ Interior modifications (Plans must be attached)
- □ Contract for proposed improvement (Must be attached)
- Clean-up / Use Elevator Pads as necessary (stored in A/B bldgs)
- □ Other_____



APPLICATION FOR UNIT MODIFACTION

continued

| ANTICIPATED COMMENCEMENT DATE: | ANTICIPATED COMPLETION DATE: |
|--------------------------------|------------------------------|
| OWNERS SIGNATURE: | OWNERS SIGNATURE: |

CONTRACTOR INFORMATION

| | CONTRACTO | KINFUKMAI | ION | | |
|--|---|---|--|---|---|
| NAME: | | | | | |
| ADDRESS: | E-MAIL: | | | | |
| PHONE NUMBERS: Off | ice | Fax | Cell | | |
| INSURANCE CARRIER: POLICY # | | | | | |
| Your approval is subject | to the following: | | | | |
| You are responsible for obtain Zoning Department. Copies n The association may charge cle Proof that Moon Bay Moon B Work hours are limited to Mo NO WORK is to be performed Access to areas of construction in the Common Areas during Owner shall be solely responsi Owners MUST provide proof rule, if a homeowner caused a already and can immediately y charge the owner the full cost Owners MUST utilize licensee any vendor working within the for damage. Further, if the ho association to charge homeow elements. | nust be submitted to Asso ean-up/damage fee as nece ay Condominium Associat nday – Saturday 8am – 5 l on Sunday (excluding E) n is only to be allowed thr construction. Elevator p ble for maintaining any in of liability insurance prio leak themselves the assoc place a claim, or if the hor c of repairing the damage d and insured vendors, an heir unit prior to work co meow ner failed to obtain | ciation and APPROVA ssary. Must use Elevato tion, Inc. is listed as als om (inclusive of setup a MERGENCY repairs). ough your property, an ouds available / must b naccessible portion of t or to completing any re- iation will either have neowner failed to prov to the common elemen d must provide to the a mmencing. This allow proof of insurance, Flo | AL granted prior to o pr pads if required (in o insured on insurar and cleanup). d you are responsible e used. heir unit at Owner's epairs or renovation the homeowner's in ride proof of insuran ths caused by the lea issociation proof of s the association to i prida Statute 718.1110 | commencement of work. A/B storage) the policy (COI). ble for any damages done a sole expense. as to their units. With this surance information the association may k. liability insurance for immediately place a claim (11)(j) allows the | Initial Initial Initial Initial Initial |
| | | | | | |
| | FOR BOARD OF DI | | | | |
| Date Application Received | | Application is: | | □ Disapproved | |
| Explanation of Disapproval: | | | | | |
| | | | | ; | |
| Date of Approval/Disapprov | val | | Permit not | and the second second | |
| | | | | it/NOC information | |
| Reviewed by | | | Need Contr | ractor information | |

□ Need Contractor information

| | Need | insurance | information |
|--|------|-----------|-------------|
|--|------|-----------|-------------|

□ Eligible for reconsideration

Signature _____