

PLEASE NOTE:

Applications must be in 10 days prior to the scheduled Environmental Committee meeting.

Please submit all applications to:

BHVA

30 Golfside Circle

Canandaigua, NY 14424

Please do not contact the office seeking a verbal decision on your application, these are not considered binding. You will receive written notification as to the Environmental Committee's decision in the mail within 30 days after it is rendered.

Give your insurance agent the approval form so that they will be able to provide the type and amount of insurance required.

****This application will not be considered unless the resident is currently up to date with their BHVA fees***

BRISTOL HARBOUR VILLAGE ASSOCIATION
ENVIRONMENTAL COMMITTEE
REQUEST FOR ARCHITECTURAL DESIGN
APPROVAL PART I

Name of Applicant (Please Print) _____ Date _____
Address _____
Home Phone _____ Business Phone _____

Check One: New Construction (Requires Parts I and II)
 Exterior Alteration (Part I only)
 Other (Explain briefly) _____

Location of Construction or Alteration _____
Estimated Completion Date: _____ (can not exceed 13 months)

Information provided with this application: (to be retained by the EC)
 Site Plan
 Architectural Renderings
 Other (please explain) _____

Approval by the Environmental Committee will include review and indicate which of the following will be required.

- Name, address and phone number of Contractor.
- Insurance Certificate from an admitted insurance company providing Comprehensive General Liability (CGL) and Comprehensive Automobile Liability Coverage (CAL) for the contractor, of not less than \$1,000,000. *BHVA must be listed as an additional insured on the Comprehensive General Liability (CGL) policy.*
- Insurance Certificate proving Worker's Compensation is in effect.
- Building Permit from the Town of South Bristol (Not required to be presented to the EC – but this is a legal obligation of the homeowner)

ALL work will be completed no later than 12 (twelve) months after approval. Unless extenuating circumstances exist that are approved by the EC, penalties for non-compliance will be applied in accordance with the Rules and Regulations of the Bristol Harbour Village Association.

I HAVE READ THE ARCHITECTURAL GUIDELINES AND AGREE TO COMPLY WITH THEM AS WELL AS THIS APPLICATION AS APPROVED.

Applicant's Signature _____ Date _____

The Environmental Committee acknowledges your request. The committee will respond within thirty (30) days after receipt of all information requested.

Chairman Signature _____ Date _____

Application # _____

BRISTOL HARBOUR VILLAGE ASSOCIATION
ENVIRONMENTAL COMMITTEE
REQUEST FOR ARCHITECTURAL DESIGN APPROVAL
PART II

***THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE RESIDENTS IS CURRENTLY UP TO DATE WITH THEIR BHVA FEES**

Please complete the following where applicable:

<u>Square Footage:</u>	Living	_____	Square Feet
	Other (Please specify	_____	Square Feet
	garage, decks, etc.)	_____	Square Feet
		_____	Square Feet
		_____	Square Feet
		_____	Square Feet
		_____	Square Feet
		_____	Square Feet
	TOTAL	_____	Square Feet

Name and Address of Builder:

Phone #: _____

Set Backs (In Feet):	Front	_____	Feet
	Rear	_____	Feet
	Side #1	_____	Feet
	Side #2	_____	Feet

Maximum Height of Structure _____ Feet

Exterior Material/Finish:

Siding Material	_____
Color	_____
Roof Material	_____
Color	_____

Exterior Lighting:

Type _____
Location _____

Landscaping:

Type	Location
_____	_____
_____	_____
_____	_____
_____	_____

Tree Removal:

Describe below or submit as part of the site plan the area involving removal of trees:

Additional Comments:

Applicant's Signature _____ Date _____

Builder's Signature _____ Date _____

Bristol Harbour Village Association
30 Golfside Drive
Canandaigua, NY 14424

EXAMPLE

AGORD, CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/31/2006
PRODUCER SAMPLE CERTIFICATE FAX Agency Name Address City, State & Zip Name and Address	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED ATTACHMENT "B" Subcontractor Address City, State & Zip	INSURERS AFFORDING COVERAGE INSURER A: Admitted Carrier INSURER B: AM Best Rating of A- or Better INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	POLICY NUMBER	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
							\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	00/00/00	00/00/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		OTHER Professional Liability If Applicable	POLICY NUMBER	00/00/00	00/00/00	Limit, Deductible	

OPTIONAL (OPTIONAL)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder, Owner and all other parties as required by contract are included as an Additional Insured on a primary & non contributing basis, under the General Liability per attd ISO CG2010 7/04 and CG2037 7/04 or their equivalent. General Liability includes coverage for the work of the Named Insured. The General Liability & Umbrella policies include contractual coverage for third party liability assumed in a business or construction contract for employees of the Named Insured at the job site.

CERTIFICATE HOLDER Bristol Harbour Village Association 30 Golfside Circle Canandaigua, NY 14424	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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