

KENNEDY HOUSE

1865 Kennedy Causeway ♦ North Bay Village, Florida 33141 ♦ Tel (305) 866-4691 ♦ Fax (305) 866-8157

PURCHASE APPLICATION AND HOMEOWNER HANDBOOK

WELCOME TO YOUR NEW HOME

On behalf of the staff of the Kennedy House Condominium Association, it gives us pleasure to welcome you to your new home.

Throughout this handbook, our aim is to provide helpful information to facilitate your move and to make your ownership experience as pleasant as possible.

This package also contains a number of forms for your completion. Please note that the *Contractor Rules* and *Procedure* forms must be submitted to our Management Office prior to any work being performed within your unit. Please also remember that the City of North Bay Village shall require permits for any and all work performed.

Our staff shall hold an orientation meeting; at this time, you may pick up access devices (FOBS) to enter the building and parking decals for your vehicle.

Office hours are as follows:

Monday, Wednesday & Friday: 9:00am to 12:30pm

Tuesday & Thursday: 1:00pm to 5:00pm

We may be reached at 305-866-4691 via telephone or at 305-866-8157 via fax.

Marcela@mykennedyhouse.com or Assistant@mykennedyhouse.com

NOTICE FOR THE PURCHASE APPLICATION

EVERY FORM IN THIS PACKAGE MUST BE COMPLETED WITH NO INFORMATION LEFT OUT. FAILURE TO PROVIDE COMPLETE INFORMATION WILL DELAY THE APPROVAL REQUIRED FOR THE CLOSING OF YOUR PURCHASE AT THE KENNEDY HOUSE CONDOMINIUM.

THE COMPLETION OF THIS PACKAGE IS THE RESPONSIBILITY OF THE APPLICANT.

PLEASE RETURN THE COMPLETED FORM TO THE CONDO OFFICE AS SOON AS POSSIBLE TOGETHER WITH THE FOLLOWING.

- 1) **A \$100 MONEY ORDER PER APPLICANT**, PAYABLE TO THE KENNEDY HOUSE CONDO ASSOCIATION (NON-REFUNDABLE)
- 2) A CLEAR COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.
- 3) A COPY OF THE FRONT AND BACK OF YOUR RESIDENT ALIEN CARD OR YOUR PASSPORT SHOWING YOUR U.S. VISA & I-94 CARD.

PROVIDING US WITH THE ABOVE WILL SPEED UP THE PROCESSING OF YOUR SCREENING APPLICATION AND ALLOW FOR A PERSONAL INTERVIEW AND APPROVAL.

THE APPROVAL TAKES APPROXIMATELY ONE TO TWO WEEKS.

WE THANK YOU FOR YOUR COOPERATION AND LOOK FORWARD TO HAVING YOU AS A RESIDENT AT THE KENNEDY HOUSE CONDOMINIUM.

KENNEDY HOUSE CONDOMINIUM APPLICANT

Phone Number _____ e-mail _____

APPLICANT INFORMATION SHEET

Date: _____

Unit # _____

Applicant Full Name: _____

Social Security: _____ Date of Birth: _____

() Single () Married

Maiden Name: _____

Co applicant Full Name _____

Social Security: _____ Date of Birth: _____

Maiden Name: _____

Additional Applicant Name: _____

Social Security: _____ Date of Birth: _____

II - EMPLOYMENT HISTORY – Past 3 Years

Present Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____

Previous Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____

Number of people who will occupy the unit – Age (over 18) _____

Names and ages of others who will occupy the unit

III- PRIOR RESIDENCE INFORMATION & CHARACTER REFERENCES

RESIDENCE INFORMATION

(PLEASE PRINT FULL ADDRESS INCLUDING UNIT#, CITY, STATE & ZIP CODE)

Present Address: _____

City: _____ State: _____ Zip Code: _____

Apartment or Condo Name: _____ Phone # _____

Name of Landlord /Mortgage _____ Phone # _____

Residency: From _____ to _____ Rent /Mtg. Amount _____

Previous Address: _____

Apartment or Condo Name: _____ Phone # _____

Name of Landlord/Mortgage: _____ Phone # _____

Residency: From _____ to _____ Rent/Mtg. Amount _____

Do you have pets? Yes: _____ No: _____ (Pet Fee \$250)

No more than one (1) household pet (only dogs and/or cats), with a maximum weight of 25 pounds.

CHARACTER REFERENCES (No Family Members)

Name: _____

Address: _____

Residency Phone: _____ Business Phone: _____

Name: _____

Address: _____

Residency Phone: _____ Business Phone: _____

BANK REFERENCES

Name of the Bank _____ Account # _____

Address _____ City _____ State _____ Zip _____

Name of Bank _____ Account # _____

Address _____ City _____ State _____ Zip _____

IV. EMERGENCY CONTACT INFORMATION

In the event an emergency arises that affects your unit and you are away from your home, who should be contacted? This includes instances such as break-in, water leaks into or from your home, fire, etc. Please provide contact persons with all the telephone numbers where they may be reached.

It is suggested that at least two of your contacts have a key of your unit. Please indicate who will have your keys.

Resident Name: _____

Unit #: _____

Home Phone #: _____

Work Phone #: _____

E-mail# _____

Contact Name: _____

Home Phone: _____

Work Phone #: _____

E-mail # _____

Contact Name: _____

Home Phone: _____

Work Phone #: _____

E-mail #: _____

V. DISCLAIMER

Please read and initial each item and sign the statement at the bottom of this page.

I/We understand that the Kennedy House Condominium Association may cause to be instituted such investigation of my/our background and /or criminal background as the Kennedy House Condominium Association may deem necessary. I/We authorize the Kennedy House Condominium

Association to make such investigation and that the Board of Directors of the Kennedy House Association shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Association. _____

I/We understand that a formal interview with the Board of Directors may be conducted before approval for a sale is granted. _____

I/We agree to provide any additional information and/or documentation as requested by the Kennedy House Condominium Association. _____

I/We have received, read and understand the Kennedy House Condominium Association Rules & Regulations and agree to abide by it and that a complete set of the Rules & Regulations have been provided to me/us by the Seller or Association. _____

Signed this _____ day of _____, 20_____

KENNEDY HOUSE CONDOMINIUM ASSOCIATION APPLICANT

Name Printed: _____

Name Printed: _____

Signature: _____

Signature: _____

Title: _____

Unit Number: _____

VI. AUTHORIZATION FORM & SIGNATURE PAGE

PLEASE INCLUDE COPY OF DRIVERS LICENSE & SOCIAL SECURITY CARD

You are hereby authorized to release information to the Kennedy House Condominium Association any and all information they request with regards to verification of my/our credit history, residential history, character, criminal records history and employment verification. This information is to be used for my/our credit report for my/our Application for Occupancy.

I/we hereby waive my privileges I/we may have with respect to the said information in references to its release to the aforesaid party. Information obtained for this report is to be released to the Condominium Association for their exclusive use only.

I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and the signature(s) below are my /our own proper signature(s).

PLEASE INCLUDE COPY OF DRIVERS' LICENSE & SOCIAL SECURITY CARD TO CONFIRM IDENTITY.

Applicant's Signature: _____

Date: _____

Co Applicant's Signature: _____

Date: _____

SIGNATURE:

If this application is not legible or is not complete and accurately filled out, the Kennedy House Condominium Association will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by omission or illegibility.

By signing, the applicant recognizes that the Kennedy House Condominium Association and/or (Screening Company) will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode

of living, as applicable. This form is for the exclusive use of Kennedy House Condominium Association.

Signed this _____ day of _____, 20_____

KENNEDY HOUSE ASSOCIATION APPLICANT

Name Printed: _____

Name Printed: _____

Signature: _____

Signature: _____

TABLE OF CONTENTS

1. Receipt of Homeowner Handbook

2. Summary and Information forms

1. Tips
2. Resident mailing address information
3. Vehicle registration
4. Emergency contact
5. Emergency assistance
6. Pet registration (1 Pet no more than 25lbs)
7. Bike registration

3. Procedures for your Contractors

1. Request for architectural modification or alteration
2. Contractor rules
3. Soundproof confirmation certificate
4. Approval of architectural modification
5. Access authorization
6. Key release authorization

4. Move-In Information

1. Move in - move out/Delivery Request

5. Hurricane season preparation

1. Hurricane preparedness
2. Hurricane preparedness by maintenance

6. Fire Safety

7. Before you hit the ceiling

8. Important Phone Numbers

Unit Number: _____

RECEIPT OF HOMEOWNER'S HANDBOOK-RULES & REGULATIONS

This document, upon Homeowner's (at least one in case of multiple owners) signature, confirms receipt of the Kennedy House Condominium Association's Homeowner Handbook.

Said signature affirms that Homeowner has read or agrees to read the contents herein and is aware of the extent and limitations of the included warranties as set forth by the Builder.

I hereby agree to have read or will read the *Rules* and Regulations of the Condominium Association.

Signed by: _____ Print Name: _____

I hereby acknowledge that Miami Management, Inc. has provided to me the following items:

- _____ **RULES AND REGULATIONS**
- _____(One) **Parking Decal**

OWNER'S SIGNATURE: _____ Print Name: _____

Date: _____

SUMMARY AND INFORMATION FORMS

1. Forms to kindly complete and return to the Management Office:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resident Information | <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> Motorcycle Registration |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Pet Registration | <input type="checkbox"/> Bicycle Registration |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Move-In/Move-Out | <input type="checkbox"/> Key Release Authorization |

2. Moving Information:

- Notify the management office at least 5 days before move to arrange mutually convenient date and time. **\$250.00 Security Deposit**
- Moving trucks must park within designated areas.

3. Parking and Access to Premises:

- All parking is strictly reserved for unit owners. Visitors are required to use the visitors parking only.
- Contractor parking is on a first come first serve basis and is not guaranteed.
- If designated parking areas are full, you will need to make other parking arrangements.

4. Other Reminders:

- Maintenance fees are due on the 1st of each month.
- Late fees shall apply if said fees are not received by the 15th of the month.
- Shirts and shoes are required in Common Areas within the building.
- Out of respect for your neighbors, please do not leave the pool area while dripping wet.
- A key to your apartment MUST be provided to the Management Office for emergency access.
- Pets must be kept on a leash at all times within Common Areas.
- No structural changes may be made to units without permits and approval of the Management.

Unit Number: _____

Date: _____

MAILING ADDRESS NOTIFICATION

Unit Owner (print name): _____

Property Address: 1865 Kennedy Causeway Unit: _____
North Bay Village FL, 33141

*PLEASE MAIL ALL ASSOCIATION CORRESPONDENCE RELATING TO THE ABOVE UNIT TO THE
FOLLOWING ADDRESS:*

(If alternate mailing address is not provided below, your mail will be delivered to your mailbox in the building)

Mailing Address: _____

Contact Number(s):

Home: _____

Fax: _____

Cell: _____

E-Mail: _____

Work: _____

Unit Number: _____

Date: _____

VEHICLE REGISTRATION FORM

Unit Owner (print name): _____

VEHICLE 1:

MAKE: _____ **MODEL:** _____

COLOR: _____ **YEAR:** _____

TAG: _____ **SPACE:** _____

VEHICLE 2:

MAKE: _____ **MODEL:** _____

COLOR: _____ **YEAR:** _____

TAG: _____ **SPACE:** _____

PLEASE BE ADVISED WE NEED TO KNOW WHERE YOU WILL BE PARKING YOUR SECOND VEHICLE

OWNER'S SIGNATURE: _____

OWNER'S SIGNATURE: _____

Unit Number: _____

Date: _____

MOTORCYCLE / BICYCLE REGISTRATION FORM

Unit Owner (print name): _____

MOTORCYCLE / BICYCLE 1: (CIRCLE ONE)

MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____

TAG: _____

MOTORCYCLE / BICYCLE 2: (CIRCLE ONE)

MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____

TAG: _____

BICYCLES THAT ARE STORED IN THE RECEIVING AREA OR OUTSIDE ARE STORED AT THE OWNERS OWN RISK & RESPONSIBILITY. MOTORCYCLE RENTAL FEE \$25.00 PER MONTH

OWNER'S SIGNATURE: _____

Unit Number: _____

Date: _____

EMERGENCY CONTACT

Unit Owner (print name): _____

Telephone No: _____

In the event of an emergency, Management will attempt to contact Unit Owner; if unsuccessful, Management should then contact:

Emergency Contact Name: _____

Telephone No: _____

Alternate Contact Name: _____

Telephone No: _____

OWNER'S SIGNATURE: _____

Unit Number: _____

Date: _____

EMERGENCY ASSISTANCE SURVEY

Unit Owner (print name): _____

This survey compiles information from residents requiring special assistance and the nature of care for such assistance. This information might be helpful to Fire Department or EMT personnel attending an emergency call. Kindly help us update our records by answering the questions below.

1. Do you have a *disability* that would prevent you from exiting the building unassisted should the elevators not be available? ☐ YES ☐ NO

2. Would you be able to *walk down the Fire Exit stairwell* if the elevators were not available? ☐ YES ☐ NO

3. Are you bound to a *wheelchair*? ☐ YES ☐ NO

↓

If yes, would you please describe the nature of your disability...

PLEASE PROVIDE CONTACTS IN CASE OF AN EMERGENCY:

Name of Relative: _____

Telephone: _____

Name of Physician: _____

Telephone: _____

Unit Number: _____

Date: _____

PET REGISTRATION FORM

Unit Owner (print name): _____

No more than one (1) household pet (only dogs and/or cats), with a maximum weight of 25 pounds may be kept, bred or maintained in each unit or walked within Common Areas. Any resident or owner will have to pay a Non-Refundable Pet Fee in the amount of \$250.00 prior to moving into the building.

”When in Common Areas or Common Elements of the building, *pets must be leashed at all times and residents must dispose of all waste in a proper container.*”

Please complete form and provide Management with a corresponding photograph.

Pet's Information

Name: _____

Species and Breed: _____

Weight: _____

Color of Pet: _____

Insert jpeg or staple

Unit Number: _____

Date: _____

KEY RELEASE AUTHORIZATION

Unit Owner (print name): _____

I, the undersigned, authorize the following individual(s) and/or company(s)' employees the right to access my unit during my absence or otherwise and without escort by Management personnel.

In addition, I authorize the management company to release to the individuals listed below the emergency key or code that I have provided for entrance into my Unit. This key will be held in a lockbox tagged by unit numbers and will only be made available during Management's office hours.

I agree that the persons whose names are listed below shall be held responsible and accountable and I further agree to indemnify Kennedy House Condominium Association, Inc., its agents, representatives, and/or employees for any damage and/or loss caused by such persons or resulting from their access to my Unit.

Name(s)	Reason for Authorization	Start Date	Expiration Date

**KEYS TO ANY CONTRACTOR SHALL ONLY BE MADE AVAILABLE DURING
MANAGEMENT OFFICE HOURS** (Monday, Wednesday & Friday: 9:00am to 12:30pm -
Tuesday & Thursday: 1:00pm to 5:00pm)

OWNER'S SIGNATURE: _____

Unit Number: _____

MOVE IN / OUT REQUEST

Unit Owner (print name): _____

Move Date _____ *(subject to availability; with 5 days advance notice; Mon-Fri; 9am-5pm)*

A COMPLETED CONTRACTOR ACCESS REQUEST FORM MUST BE SUBMITTED BEFORE ANY MOVING CONTRACTORS WILL BE ALLOWED ON THE PROPERTY.

A REFUNDABLE SECURITY DEPOSIT OF \$250 IS REQUIRED IN ADVANCE OF RESERVING A MOVE DATE.

Deposit received by: _____

This deposit will be held by the Association, and refunded once the move out or delivery is complete or within 10 days after the move; provided the Association deems that no damage has occurred.

RESIDENT AGREES TO INDEMNIFY THE ASSOCIATION AND HOLD IT HARMLESS AGAINST AND PAY ON BEHALF OF OR REIMBURSE ASSOCIATION AS AND WHEN INCURRED FOR ANY LOSSES WHICH ASSOCIATION MAY SUFFER, SUSTAIN OR BECOME SUBJECT TO, AS A RESULT OF, OR IN CONNECTION WITH, RELATING OR INCIDENTAL TO, OR BY VIRTUE OF UNDERSIGNED MOVING IN OR OUT OF THE PROPERTY AND WHETHER OR NOT SUCH LOSS IS LESS THAN OR IN EXCESS OF THE SECURITY DEPOSIT MADE HERewith.

TRACTOR TRAILERS CANNOT ENTER THE LOADING DOCS. ALL DELIVERIES NEED TO BE IN SATELITE TRUCKS THAT CAN ENTER/EXIT THE ALLEY WAY

**DIMENSIONS OF THE SERVICE ELEVATOR ARE: 74" WIDE X 54" DEEP X 113" HIGH
THE ELEVATOR DOOR OPENING IS 42" WIDE X 84" HIGH**

All delivery and/or moving vehicles parking in the designated receiving area shall unload and immediately move said vehicle off the property to enable others same quick access.

Trash removal is the undersigned's responsibility. Movers MUST be instructed to remove all trash including boxes, cartons and wrapping supplies from the premises. Under no circumstance may any such trash be dumped in the building trash chutes or left in any Common Areas such as corridors or stairwells.

THE ASSOCIATION SHALL BILL UNDERSIGNED FOR ANY AND ALL EXPENSES TO CURE ANY VIOLATION.

I HAVE CAREFULLY READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE.

OWNER'S SIGNATURE: _____

Unit Number: _____

REQUEST FOR ARCHITECTURAL MODIFICATIONS and CONTRACTOR ACCESS REQUEST

Unit Owner (print name): _____

Requesting Board of Directors' approval for: ☐ Floor Installation (Interior) ☐ Plumbing Work
☐ Floor Installation (Balcony) ☐ Electrical Work
☐ Other Work ☐ Painting ☐ Carpet Installation

WRITTEN APPROVAL OF THE ASSOCIATION IS REQUIRED BEFORE COMMENCING ANY WORK.

Detailed description of work: (use additional sheets if necessary) _____

CONTRACTOR SHALL BE LICENSED, INSURED AND SUBMIT COPY OF PERMIT BEFORE COMMENCING WORK.

COPIES OF PLANS, SPECIFICATIONS, AND CONTRACTOR LICENSE (WITH CONTACT INFO) MUST BE ATTACHED.

Hardwood floor installations such as tile or wood require a notarized Sound Proofing Confirmation Certificate indicating a minimum Sound Transmission Class of 55 and Impact Isolation Class 60.

WITH RESPECT TO ANY WORK TO BE PERFORMED WITHIN MY UNIT, I AGREE AT ALL TIMES TO ABIDE BY THE KENNEDY HOUSE DECLARATION OF CONDOMINIUM DOCUMENTS.

If any damage to the common areas of the Property, the property of other unit owners, or any personal injury occurs during this project, then I, as a unit owner, assume all responsibility. Furthermore, I hereby release Kennedy House Condominium Association, Inc., its Officers, and/or employees from any claim for damages that may occur within my unit and/or THEFT of its contents.

Please submit an **Access Authorization** form should you choose to allow access to the unit in your absence.

IN THE EVENT THE DOOR NEEDS TO BE CUT, THIS WORK MUST BE PERFORMED BY A CONTRACTOR CERTIFIED TO PERFORM SUCH WORK WITHOUT COMPROMISING THE FIRE RATING OF THE DOOR. CERTIFICATION OF SUCH CONTRACTOR MUST BE PROVIDED PRIOR TO STARTING THE WORK. PLEASE INITIAL _____

I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO BE BOUND BY THE ABOVE TERMS AND CONDITIONS

OWNER'S SIGNATURE: _____

CONTRACTORS RULES

- 1) **WORK HOURS ARE MON-FRI; 9AM-5PM. ALL CONTRACTORS MUST EXIT THE PROPERTY BY 5PM. NO WORK WILL BE PERMITTED ON THE WEEKENDS OR HOLIDAYS.**
- 2) **BEFORE ANY WORK CAN BEGIN, ALL CONTRACTORS MUST PROVIDE MANAGEMENT:**
 - **SPECIFICATIONS OF ALL MATERIALS BEING INSTALLED**
 - **FLOORING INSTALLATION: MANUFACTURER'S SPECIFICATIONS FOR SOUND PROOFING MUST INDICATE THAT THE SOUND PROOFING WAS TESTED ON A CONCRETE SLAB WITHOUT A SUSPENDED CEILING.**
 - **SIGNED AND NOTARIZED "SOUND PROOFING CONFIRMATION CERTIFICATE" FOR ANY HARD FLOORING (TILE, WOOD, ETC.) INSTALLATIONS**
 - **MIAMI-DADE OCCUPATIONAL LICENSE/CERTIFICATE OF ELIGIBILITY**
 - **CERTIFICATE OF WORKER'S COMPENSATION INSURANCE IN THE AMOUNT OF \$500,000.00 FOR ANY CONSTRUCTION WORK OR (IF APPLICABLE) AN EXEMPTION CERTIFICATE.**
 - **LIABILITY INSURANCE CERTIFICATE NAMING "KENNEDY HOUSE CONDOMINIUM ASSOCIATION" AS ADDITIONAL INSURED IN THE AMOUNT OF \$1,000,000.00**
 - **ALL WORKERS MUST PRESENT IDENTIFICATION AT THE TIME OF ENTRY**
 - **I AM AWARE THAT THE CEILING/FLOOR IS A 7/1/2 INCH CONCRETE SLAB WITH POST TENSION CABLES AND THAT I WILL NOT DRILL INTO THE CEILING OR FLOOR.**
- 3) **AFTER RECEIVING THE ABOVE-LISTED DOCUMENTATION, THE ASSOCIATION WILL PROVIDE THE CONTRACTOR WITH AN "APPROVAL LETTER". TILE MAY ONLY BE DELIVERED ONCE THE SOUNDPROOFING HAS PASSED INSPECTION AND MUST BE TAKEN UP TO THE UNIT THE SAME DAY. NO STORAGE OF SUPPLIES IS ALLOWED IN THE RECEIVING AREA. MATERIALS LEFT IN THE RECEIVING AREA ARE SUBJECT TO DISPOSAL AT THE CONTRACTOR'S / UNIT OWNER'S RISK.**
- 4) **A REFUNDABLE SECURITY DEPOSIT OF \$250.00 IS REQUIRED PRIOR TO ANY WORK BEING APPROVED. THIS DEPOSIT WILL BE HELD BY THE ASSOCIATION AND RETURNED WITHIN TEN DAYS AFTER THE WORK HAS BEEN COMPLETED PROVIDED NO DAMAGE HAS OCCURRED.**
- 5) **CONTRACTORS ARE RESPONSIBLE FOR KEEPING ALL COMMON AREAS AROUND THE UNIT CLEAN AND FREE OF DEBRIS. ALL DEBRIS AND BOXES MUST BE REMOVED FROM THE PROPERTY. UNDER NO CIRCUMSTANCES, SHALL ANY CONSTRUCTION MATERIALS BE PLACED IN THE BUILDING'S TRASH CHUTES OR LEFT IN A HALLWAY OR OTHER COMMON AREAS. YOU MAY RECEIVE A FINE IF YOU BLOCK THE HALLWAYS WITH ANY DEBRIS.**
- 6) **CUTTING CONSTRUCTION MATERIALS (SUCH AS TILE OR WOOD) ON THE BALCONIES OR IN ANY COMMON AREA IS STRICTLY FORBIDDEN. YOU MUST CUT INSIDE YOUR UNIT. DO NOT USE THE AIR CONDITIONING EQUIPMENT WHILE YOU ARE IN THE PROCESS OF INSTALLATION. CLEANING YOUR A/C EQUIPMENT IS THE RESPONSIBILITY OF THE CONTRACTOR/UNIT OWNER. IF YOU USE THE A/C EQUIPMENT DURING ANY CONSTRUCTION WORK INSIDE THE UNIT, YOU SHALL BE RESPONSIBLE FOR ANY CLEANING OR REPAIRS THAT MAY BE REQUIRED.**
- 7) **ALL BALCONY RAILING MUST BE COVERED WITH HEAVY PLASTIC WHEN INSTALLING TILE OR OTHER MATERIAL TO THE BALCONY FLOOR IN ORDER TO PROTECT RAILINGS FROM DAMAGE AND TO GUARD AGAINST ANY DEBRIS FROM FALLING OVER THE BALCONY CAUSING DAMAGE OR INJURY. PLEASE FOLLOW GUIDELINES PROVIDED FOR BALCONY TILE INSTALLATION.**
- 8) **NO UNIT OWNER AND/OR CONTRACTOR SHALL ALTER THE LIFE SAFETY SYSTEM INSIDE THE UNITS. THEREFORE, PAINTING MUST BE DONE AROUND THE LIFE SAFETY SYSTEMS, INCLUDING FIRE SPRINKLERS, SMOKE DETECTORS, VENTILATION FANS, EMERGENCY ANNOUNCEMENT SPEAKERS, ETC.**
- 9) **LOADING AND/OR UNLOADING OF MATERIALS IS TO BE DONE ONLY AS DIRECTED BY THE PROPERTY MANAGER. ELEVATORS MUST BE PROTECTED AND PADDED BEFORE ANY TOOLS OR MATERIALS ARE PLACED INSIDE THEM.**

- 10) ALL LOADING AND UNLOADING MUST BE DONE THROUGH THE DESIGNATED RECEIVING AREA BY THE LOADING DOCKS.**
- 11) NO ONE MAY PLACE GROUT OR ANY OTHER CONSTRUCTION DEBRIS DOWN A DRAIN, TOILET OR TRASH CHUTE. THIS MAY CAUSE DAMAGE TO THE PLUMBING AND TRASH CHUTE IN THE BUILDING AND THE COST OF ANY REPAIRS SHALL BE THE RESPONSIBILITY OF THE UNIT OWNER.**
- 12) CONTRACTORS MAY ONLY USE THE RESTROOMS LOCATED IN THE UNITS IN WHICH THEY ARE WORKING. THE USE THE BUILDING COMMON AREA RESTROOMS IS PROHIBITED.**
- 13) ANY IMPROVEMENTS REQUIRING THE SHUTDOWN OF THE FIRE SPRINKLERS OR ANY TAMPERING OR ANY CHANGES IN THE WATER SUPPLY LINES REQUIRES PERMITTING FROM THE CITY OF THE MIAMI. THE VENDOR MUST ADVISE THE MANAGEMENT OFFICE A MINIMUM OF ONE (1) WEEK IN ADVANCE TO SCHEDULE THE WORK.**

Contractor Representative

Date

Contractor Company

Phone number

Resident's Name and Unit

Date

Unit Number: _____

License Number: _____

SOUND PROOFING CONFIRMATION CERTIFICATE

(Interior Hard floor Installations)

I, _____, representing _____
Name of Individual *Name of Contractor Company*

Address

City

State

Zip Code

Certify that the flooring installation performed by me meets or exceeds the sound proofing standards set forth in the Kennedy House Condominium Documents. Pre-approved products are listed below for your reference:

- Proflex 200 (www.proflex.us/index.html)
- Regupol-QT (5mm) (www.greensoundcontrol.com)
- A.P.C. Cork (8mm) (www.apccork.com)

Or any product meeting the following standards

- **Sound Transmission Class** rating of **54 (STC) or better, &**
- **Impact Isolation Class** rating of **60 (IIC) or better**

The Association assumes no responsibility for overseeing any work contracted for independently by unit owners. It is the joint responsibility of the contractor and the unit owner to ensure that the work is performed as specified, that the correct materials and methods are used, and that all work is in compliance with the Condominium Documents and City of Miami requirements. **Photo of installed soundproofing must be submitted to management office *prior* to the installation of the finished flooring.**

CONTRACTOR'S SIGNATURE: _____

Witness my hand and official seal _____ day of _____, 200__

Notary Public

My Commission Expires _____,

Unit Number: _____

Date: _____

ARCHITECTURAL MODIFICATION/ALTERATION APPROVAL

Upon signature by a member of the Condominium Association's Board of Directors, or the Property Manager, this letter serves to approve that the work as described on the attached *Request for Architectural Modification* form be implemented at the above referenced unit.

The Association assumes no responsibility for overseeing any work contracted for independently by the unit owner. It is the joint responsibility of the unit owner and his Contractor to ensure that the work is done as specified, and that the correct methods and materials are used.

(Property Manager/Director)

BEFORE ME THE ABOVE-SIGNED AUTHORITY PERSONALLY APPEARED TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING CONFIRMATION CERTIFICATE.

Witness my hand and official seal _____ day of _____, 200____

Notary Public

My Commission Expires _____,

HURRICANE PREPAREDNESS

Hurricane season is from June to November. Please be prepared. The Miami Herald, Sun Sentinel and Publix Supermarkets publish excellent guidelines and pamphlets to help you take the necessary precautions.

Basic services (such as police, medical or fire) may not be available during or immediately after a hurricane.

ALL PERSONNEL AND RESIDENTS MUST EVACUATE THE BUILDING IN THE EVENT OF AN EVACUATION ORDER ISSUED BY THE AUTHORITIES.

If you elect to remain in your unit, you may be on your own. Please make arrangements to go to a safe place during the storm and advise Management in writing where you will be and how you may be reached.

PERSONS WITH SPECIAL NEEDS SHOULD REGISTER WITH THE COUNTY OFFICE OF EMERGENCY MANAGEMENT. YOU MAY CALL 305-513-7700 FOR ASSISTANCE.

ALL OBJECTS MUST BE REMOVED FROM BALCONIES AND PATIOS IN ADVANCE.

Due to limited time and personnel (who also need to protect their own families and homes), the Association's efforts will be concentrated on common areas. You must secure your own windows and doors.

If you do not have homeowner's insurance, you may want to purchase it now. Unit owners and occupants shall be responsible for removing their vehicles and other property from the parking areas upon the issuance of a tropical storm or hurricane warning. If you won't be at your Unit at any time during hurricane season, you should make arrangements to have all objects removed from your balcony and hire a firm or find an individual to be responsible for the care of your unit in the event of a hurricane.

PLEASE REMEMBER: THIS IS A VERY IMPORTANT MATTER.

HURRICANE PREPAREDNESS TO BE PERFORMED BY MAINTENANCE CREW

1. Keep an updated contact list of Management personnel.
2. Make tape/rope available.
3. Secure any and all exterior signs/containers around property.
4. Secure pool equipment and furniture.
5. Lower pool water level by a minimum of 6 inches.
6. Secure all exterior doors, trash and dumpster areas.
7. Secure all Common Area sliding and/or electronic doors.
8. Help evacuate the building.
9. Time permitting, assist clearing unit balconies.
10. Leave garage gates open for evacuation.
11. Check rooftop of building and secure all loose items.
12. After building is emptied, bring elevators up to top floor.
13. Shut off generator after building is evacuated.

BEFORE YOU HIT THE CEILING or FLOOR!

PLEASE ADVISE THE MANAGEMENT OFFICE.

From time to time, we receive inquiries about ceiling fan installations or securing items into the floor. The rule of thumb, when considering such activities (subject to Architectural Committee approval), is a maximum penetration of 5/8 of an inch. Adherence to this guideline prevents damage to the post tension cables in the slab. Further, this penetration must be limited to anchor use only. Channeling through the floor or ceiling is strictly prohibited and would cause significant damage.

WHY IS THIS SO IMPORTANT?

The building is supported with an intricate pattern of high tension steel cables imbedded in the concrete slab. This provides the building structural strength. After the concrete has set, the cables are pulled outward, adding stress. The cables are then anchored at the edges of the slab. These cables are called *post tension* cables. Drilling into the slab has a very high chance of cutting these cables, which would be similar in effect to cutting a very taut rubber band with a knife. The cable may snap with intense force. In past accidents, the concrete has given way under the snapped cable, causing substantial property damage and severe personal injuries. Repairs are very, very costly.

10 TIPS FOR FIRE SAFETY

- Install smoke detectors - smoke detectors alert you to a fire in your unit in time for you to escape, even if you are sleeping. Test your detectors every month, following the manufacturer's directions, and replace batteries once a year, or whenever a detector "chirps" to signal low battery power. Never "borrow" a smoke detector's battery for another use – a disabled detector cannot save your life. Replace 10 years old detectors.
- Plan your escape from fire - if a fire breaks out in your home, you have to get out fast. To prepare, sit down with your family and agree on an escape plan. Be sure everyone knows at least two unobstructed exits – doors and windows – from every room (if you live in an apartment building, do not include elevators in your escape plan). Decide on a meeting place outside where everyone will meet after they escape. Have your entire household practice your escape plan at least twice a year.
- Keep an eye on smokers - careless smoking is the leading cause of fire deaths in North America. Never smoke in bed or when you are drowsy. Provide smokers with large, deep, non-tip ashtrays and soak cigarette butts in water before discarding them. Before going to bed or leaving home after someone has been smoking, check under and around cushions and upholstered furniture for smoldering cigarettes.
- Cook carefully - never leave cooking unattended. Keep cooking areas clear of combustibles and wear clothes with short or tight-fitting sleeves when you cook. Turn pot handles inward on the stove where you cannot bump them and children cannot grab them. If grease catches fire in a pan, slide a lid over the pan to smother the flames and turn off the heat source. Keep lid on until pan is completely cooled.
- Space/Portable heaters: keep heaters at least three feet (one meter) away from anything that can burn. Keep children and pets away from heaters and never leave heaters on when you leave home or go to bed.
- Matches and lighters are tools, not toys – in a child's hand matches and lighters can be deadly. Buy child-resistant lighters and store all matches and lighters up high, where kids cannot see or reach them (preferably in a locked cabinet. Teach your children that lighters and matches are tools, not toys, and should only be used by adults or with adult supervision. Teach small children to tell an adult if they find matches or lighters; older children should bring matches and lighters to adults immediately.
- Run cool water over a burn for 10-15 minutes. If burned skin blisters or is charred, see a doctor immediately.
- Use electricity safely - if an electric appliance smokes or has an unusual smell, unplug it immediately, then have it serviced before using it again. Replace any electrical cord that is cracked or frayed. Do not overload extension cords or run them under rugs. Do not tamper with your fuse box or use improper-sized fuses.
- Crawl low under smoke. During a fire, smoke and poisonous gases rise with the heat. The air is cleaner near the floor. If you must escape through smoke, crawl on your hands and knees to the nearest exit, keeping your head 12 to 24 inches (30 to 60 cm) above the floor.
- Stop, drop, and roll if your clothes catch fire, do not run. Stop where you are, drop to the ground, cover your face with your hands, and roll repeatedly to smother the flames.

USEFUL TELEPHONE NUMBERS

Emergency

NBV Police	305-758-2626
NBV City Hall	305-756-7171
NBV Construction Licenses	305-754-6740
City of Miami Fire	305-579-6202
City of Miami Police	305-579-6038
Poison Information Center	800-222-1222

Non-Emergency City of Miami Police 305-579-6038

Kennedy House Front Desk 305-866-3024

Kennedy House Office 305-866-3024

FPL New Service 305-442-8770

Towing Company Junior Towing 305-691-0244

Cable TV Atlantic Broadband 786-768-7159

Phone Service Bell South / ATT 888-757-6500

Locksmith Miami Beach 305-867-5250

Taxi Services 305-444-4444

Super Shuttle 305-871-2000

US Post Office 800.ASK.USPS (500 NW 2nd Ave, Miami, FL 33131)
Mon–Fri; 8am-5pm

Dade County Tax Collector 305-539-3000

Vehicle Registration 305-375-3591

Voter Registration 305-375-4600

Miami Dade Transit Authority 305-770-3131

Miami Tourist Information 305-539-3000

TIPS TO REMEMBER

You are responsible for disposing of all trash and debris resulting from your move. You're responsible for damages caused by yourself or your movers.

Trash chutes may only be used for bagged household garbage only, not contractor debris. Contractors are responsible for removing their debris offsite.

Please maintain your current contact information with Management. All correspondence from the Association will be mailed to such address.

CONTRACTORS SHALL NOT BE ALLOWED ACCESS INTO THE GARAGE, INCLUDING YOUR PARKING SPACE.

Work materials, or bulky items will not be allowed through the lobby. Please use receiving area.

Please don't remove smoke detectors or fire sprinklers within unit. An alarm will sound and may cause costly damage.

The walls in your units contain vertical pipes, including domestic water, sanitary disposal and rain leaders from the roof. When nailing into the walls, penetrations into these pipes may cause severe water damage not only to your unit, but to other units on your floor or the floors below. **Please, do not exceed a 5/8" nail or screw.**

DON'T DRILL INTO THE SLAB UNDER ANY CIRCUMSTANCE. THIS CAN CAUSE SERIOUS DAMAGE TO THE BUILDING STRUCTURE AND/OR CAUSE POTENTIAL INJURY OR EVEN DEATH.

Someone must be present in unit to accept any move-in deliveries. Management will not allow a delivery or provide a key for a delivery in the absence of supervision.

Maintenance fees are due on the 1st of each month and subject to late fees after the 10th. Payments made on the 10th after 5pm (such as slipping under the door) are late and will be posted the following business day.

Satellite dishes may NOT be affixed to any portion of your balcony or adjacent Common Areas.

Cooking is NOT permitted on any patio or balcony and is enforced by the City of Miami Code Enforcement.

You may not hang, display, or affix anything to exterior walls, doors, balconies, or windows.

IT IS HIGHLY RECOMMENDED THAT YOU INSURE YOUR UNIT AS SOON AS YOU HAVE CLOSED ON YOUR UNIT. INSURANCE SHOULD INCLUDE YOUR CONTENTS, FLOORING, AND APPLIANCES IF APPLICABLE.