

11/13/2024

PARK SHORES OF INDIAN RIVER SHORES CONDOMINIUM ASSOCIATION, INC.

Application to Purchase or Lease a Unit

c/o Elliott Merrill Community Management
835 20th Place
Vero Beach, FL 32960
772-569-9853

Date Rec'd: _____	Fee: _____
By: _____	To BOD: _____
Application is for: Lease <input type="checkbox"/>	Purchase <input type="checkbox"/>
Building: _____	UNIT: _____

This completed form along with an executed copy of the Sales or Lease agreement and a non-refundable application fee of \$50.00 made payable to Park Shores of Indian River Shores Condominium Association, must be submitted for approval of the Board of Directors in advance of the proposed purchase or lease.

The above documents and fee should be submitted to Elliott Merrill Community Management, 835 20th Place, Vero Beach, FL 32960, **at least 30 days in advance of the scheduled transaction date**. Before any application for the sale or lease of a condo can be approved or denied, the prospective buyer or lessee must meet with a member of the Park Shores Board of Directors or a designated representative (see page 2).

1. **GENERAL**

This is an application to Purchase _____ or Lease _____ a Condo in the following section of Park Shores: Building # _____ Unit # _____.

Current owner of Condo unit is _____ Phone # _____.

Name of Purchase/Lease Applicant _____ Phone # _____.

Name of Applicant's Spouse _____

Names of Other Family Members who will reside in the above listed unit:

If Sale – Closing Date: _____

If Lease – Lease Term: _____

Total number of people who will be living in the Condo unit _____

The Board suggests that no more than six (6) persons, including children, be in residence at one time. Renters cannot, at any time, sublet or turn over use of their rental unit to others.

Applicant's current address and phone number(s):

Primary phone no. _____ Cell phone no. _____

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1. **GENERAL** (continued)

Duration of proposed lease; from _____ to _____

The minimum rental period is ninety (90) days.

Expected closing date (purchase only) _____

Expected move in date (purchase only) _____

If you are purchasing the unit, do you plan to occupy it full time? Yes No

Applicants personal references. Please print two references with contact information.

Name: _____ Phone no. _____

Address: _____

Name: _____ Phone no. _____

Address: _____

Name and phone of realtor and agent handling this application:

Realtor: _____

Agent: _____

Phone Number _____ E-mail Address: _____

ORIENTATION MEETING conducted on _____ by _____

Via phone _____ in person at _____

Comments _____

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2. VEHICLE INFO and PARKING

Vehicle Numbers _____ Model 1. _____

Model 2. _____

Check type below:

Conventional gasoline/diesel Electric (refer to Section V. F. of Rules and Regulations amended 8/14/2024 regarding charging power source)

Family cars, station wagons, mini-vans, pickup trucks and sport utility vehicles, used for personal transportation, and of a size that can be parked in the owners designated garage space, are allowed. Resident or guest pick-up trucks must be parked in garages. Any vehicle used by a resident or guest displaying signs must be garaged at all times while in Park Shores. No other vehicles used by residents or guests, including but not limited to trucks, motorcycles, mopeds, mobile homes, motor coaches, trailers or boats are allowed. Because of limited parking space, residents are urged to park vehicles in their garages.

3. TELEPHONE DIRECTORY/ELECTRONIC TRANSMISSION

Every year we provide an updated owners' telephone directory. In accordance with Florida Statute SB 1196 an owner need not provide their telephone number or e-mail address if they prefer. The Association strongly urges that you provide this contact information in order to be of assistance to you in an emergency. We must have this form completed as part of this application. IF YOU DO NOT COMPLETE THIS FORM, YOU WILL BE LISTED IN THE PARK SHORES OF INDIAN RIVER SHORES DIRECTORY WITHOUT PHONE NUMBER OR E-MAIL ADDRESS.

Name(s) (please print) _____

Park Shores Address _____

Alternate Address _____ State/ZIP _____

Park Shores Phone _____ Alternate Cell _____

Consent to use electronic transmission for ASSOCIATION Notices YES NO

I permit the **ASSOCIATION** to use electronic transmission to send required and permitted notices to me using the e-mail address below. I agree that I cannot receive electronic transmission of notices unless I provide a valid e-mail address.

E-Mail Address (list only if approved for printing in Annual Directory: _____

SIGNATURE OF OWNER(S): _____

SIGNATURE OF RENTER(S): _____

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4. PET REGISTRATION (Please indicate if no pet)

No animals or pets of any kind shall be kept in a unit or on any part of Condominium Property except with the written consent of the Board of Directors of the Association, nor shall there be more than one pet kept at any one time in any unit. A pet causing or creating a nuisance or unreasonable disturbance shall be permanently removed from the Condominium property within three (3) days of receipt by the offending person of written notice from the Board of Directors of the Association. Under no circumstances shall any pet weighing more than twenty-five (25) pounds be permitted to be kept on the Condominium property.

Note: Please use this page to register a pet obtained after submission of this application.

OWNERS NAME(S) _____
(PLEASE PRINT)

BUILDING AND UNIT NUMBER _____ PET TYPE (check one) DOG CAT NO PET

(If other please describe) _____

PET NAME _____ BREED _____ WEIGHT _____

HEIGHT _____ AGE _____ DATE ACQUIRED _____

Please attach a picture of the pet you are registering.

Is this dog a legal Assistive/Service Animal? No Yes If so, please attached required documentation.

I/We understand and agree that the above pet will be kept on a leash whenever it is outside the unit, but will not be leashed and left unattended outside the unit.

I/We agree that sanitary disposal of pet excrement is the responsibility of every pet owner. I/We will not permit our pet to relieve itself on grass, planter area, light posts, or other areas where people walk, work or play. If the animal insists on stopping in those places, I/we will take whatever steps are necessary to clean it up.

I/We acknowledge that in accordance with Florida Law pets are not allowed in the pool area.

I/We certify that the above information is accurate and complete.

(Owner Signature) (Date Signed)

(Owner Signature) (Date Signed)

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5. AGREEMENT AND DECISION

A. I (We) understand that the approval of this application is at the discretion of the Board of Directors of Park Shores of Indian River Shores Condominium Association, Inc., and that their decision is considered final. It is understood that moving in prior to approval is in direct violation of the Declaration.

B. I (We) have received and read a copy of the Declaration of Condominium, By Laws and Amendments, and Rules and Regulations adopted by the Board of Directors.

C. I (We) in all respects will abide by the Rules and Regulations as set forth in the Declaration, By-Laws and Amendments and do agree to this by signing below, and to the best of my (our) knowledge the information given on this application is true and correct.

(Dated)

(Applicant Signature)

(Dated)

(Applicant Signature)

FOR PARK SHORES OF INDIAN RIVER SHORES CONDOMINIUM ASSOCIATION, Inc.

Certificate of Approval to Purchase Issued On _____

DECISION: APPROVED - Conditions if any _____

DENIED - Reason _____

Signed by President _____ Date _____

(Or designee) _____ Date _____