



**Calvin, Giordano & Associates, Inc.**  
 EXCEPTIONAL SOLUTIONS™

**Pembroke Pines Building Department**  
 601 City Center Way,  
 Pembroke Pines, FL 33025  
 Tel#954-435-6502 | Fax#954-435-6749

## Affidavit of Awareness of Homeowners' Association Regulation

**PERMIT #** \_\_\_\_\_

**OWNER** – Please provide a brief description of work: \_\_\_\_\_

For office use ONLY – Job Type: \_\_\_\_\_

(Please select one option ONLY)

I, \_\_\_\_\_, acknowledge that I am a resident of a homeowners' association ("HOA"), and that as a resident of the HOA I may be subject to additional building, landscaping or other regulations. I further understand that the issuance of a building permit by the City of Pembroke Pines, Florida does not exempt me from any and all other regulations imposed by my HOA. By Ord.1586, the Building Department will notify the association of the approval of the permitted work.

I, \_\_\_\_\_, am not a resident of a homeowners' association.

\_\_\_\_\_  
 Job Address

\_\_\_\_\_  
 Name of Homeowners' Association (HOA)

\_\_\_\_\_  
 Job City, State & Zip Code

\_\_\_\_\_  
 Mailing Address of HOA

\_\_\_\_\_  
 Owner's Name

\_\_\_\_\_  
 HOA City, State & Zip Code

\_\_\_\_\_  
 Owner's Signature

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_

(SEAL) \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_

NOTARY SIGNATURE