ARCHITECTURAL CHANGE APPLICATION

C/O J&L Property Management, Inc 10191 W. Sample Rd. #203 Coral Springs, Fl 33065

REQUIREMENTS FOR SUBMISSION OF ARB FORMS

- Work cannot be started until you receive back the architectural form signed and approved.
- If you are doing the work yourself, put "Homeowner" next to "Contractor Name" on the <u>Architectural Change Application</u>. Only submit documents 1-4 that are listed below.
- Include one (1) copy of the documents listed below **WITH** your architectural request or it may not be accepted if it's incomplete.
- The unit owner is responsible for obtaining necessary permits required from the City.
- The unit owner is responsible for any and all damages to Association property and any utilities, including sewer, water, cable, electric and telephone.
- The unit owner must remove all debris off Association property from the work that is being done.
- Other conditions may be applicable and may be determined or stipulated on an individual basis.

DOCUMENTS LISTED BELOW MUST BE SUBMITTED BACK WITH YOUR REQUEST:

- 1. Complete ARB form Fill in each box indicating colors, materials and proposed work
- 2. Indemnity Letter NOTARIZED
- 3. A picture of the item/material that will be installed or used for your request (Windows, doors, paint samples, etc.)
- 4. A copy of the property Survey or a Site Plan indicating where and what the improvements are (If applicable)
- 5. A copy of the Contractor's License
- 6. A copy of the Contract detailing the work (does not have to show the price)
- 7. A copy of the Contractor's Insurance Certificate & Workers Comp Insurance Certificate. Certificates must be made out to your Association as follows:

JACARANDA POINTE HOA, INC.

c/o J&L Property Management, Inc. 10191 W. Sample Rd. #203 Coral Springs, FL 33065

Documents can be returned to J&L Property Management via Email or Mail

Email: Arcrequests@jlpropertymgmt.com

Mail: J & L Property Management, Inc.

10191 West Sample Rd., Suite 203

Coral Springs, FL 33065

Architectural Review Board Form

ASSOCIATION NAME: JACARANDA POINTE HOA

Homeowner Name:		Email:						
Address:	Phone#:							
Contractor Name:	License #:							
Address:	Phone #:							
Contractor Email:								
	List Materials To Be Used:	Type/Style:	Color:					
Roof:		Barrel Flat						
Paint Exterior Walls:								
Fascia:								
Patio Screen Encl:								
Privacy Fence:								
Driveway/Walk:								
Shutters:	# of Shutters:							
Windows Colonial style windo	# of Windows: ows are restricted to the ground floor wind	Colonial Non-Colonial Ows only.						
Doors:	# of Doors:							
Exterior Lamp/Light shade:			Black Bronze White					
OFFICE USE ONLY The Architechtural Drawings for Improvements on the above lot have been reviewed by te Architectural Control Board and have been:								
ApprovedApproved with Comments Denied								
Comments:								
	Date							
Chairman/Committe								

INDEMNITY LETTER

(Un	it Owner Name)
Date:	
To Whom It May Concern:	
all liability, defense costs, including atto	d hold JACARANDA POINTE HOA from any and orney fees and all other fees incidental to defense, loss OA may suffer as a result of claims, demands, costs or ork.
(Signature of Owner)	Street Address
(Print Name of Owner)	City, State, Zip
ACKNO	<u>DWLEDGEMENT</u>
STATE OF FLORIDA, COUNTY OF	
Before me personally appeared well known and known to me to be the pinstrument, and acknowledge therein expressed.	person described in and who executed the foregoing ed to and before me that executed said instrument for the purposes
-	day of, A.D.20
NOTARY PUBLIC – STATE OF FLO	RIDA MY COMMISSION EXPIRES

JACARANDA POINTE APPROVED ROOF TILES

FLAT TILE – WHITE THROUGH AND THROUGH



CONCRETE BARREL TILE – WHITE



PLANNING, ZONING & ECONOMIC DEVELOPMENT



RECEIVED CITY OF PLANTATION

PLANNING, ZONING CECONOMIC DEVELORM

ADDRESS: NW 8th CIRCLE			
SITE ADDRESS:			111111111111111111111111111111111111111
CONTRACTOR (IF APPLICABLE):			
COMPANY NAME: CARLENE ABRAHAMS	PHON	IE: 954-59	11-4980
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TO BE PAINTED		00-63	AF 290
WALLS: NIMBLY GRAY -2131-50	2131-50	00-6-	130 2 10
FASCIA: WINTER NOW - OC-63	THE RESERVE		
DRIP CAP/ EDGE:	*	*	
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ACCESSORY BUILDINGS;	GRAY	ZNOW	
OTHER:			
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Signature of owner date	Signature of contr	actor	date
APPROVED: Offer whe	N PAINTING IS FINISHE	D, CALL FOR FINA	AL INSPECTION

OTHER:

PLANNING, ZONING & ECONOMIC DEVELOPMENT



RECEIVED CITY OF PLANTATION

APR 1 8 2022 VIA EMAIL PLANNING, ZONING & ECONOMIC DEVELOPMENT

GREEN

PAINT COLOR APPROVAL AND AGREEMENT

DATE: APRIL 2022 JACARANDA POINTE PHONE: OWNERS NAME: NW 2+h CIRCLE ADDRESS: SITE ADDRESS: CONTRACTOR (IF APPLICABLE): COMPANY NAME: CARLENG ABRAHAMS ALL ELEMENTS ON THE SITE MUST BE LISTED AND INDICATE THE COLOR AND PRODUCT NUMBER TO BE PAINTED HC-/13 DC-31 HC-26 WALLS: MONROE BIJQUE FASCIA: WHITE OC-31 DRIP CAP/ EDGE: Nonroe Bisque SOFFIT: ROOF: FLOWER POTS: SHUTTERS: AWNINGS: CHIMNEY: DOORS AND JAMS: GEORGIAN GREEN- He-113 GARAGE DOORS: GENREUM GREEN - HC-113 RAILINGS: HC-26 HC-115 FENCES: DECORATIVE METAL: BRICK: STUCCO BANDING: WHITE OTHER STUCCO FEATURES: GEORGIAN ACCESSORY BUILDINGS: WHITE MONROE

PRIOR TO FINAL COLOR SELECTION SAMPLES OF PROPOSED COLOR (S) MUST BE APPLIED TO BUILDING SURFACE FOR STAFF REVIEW AND FINAL APPROVAL.

BISOUL

OWNERS AFFIDAVIT: I certify that all the information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I authorize the above-named contractor, if applicable, to do the work stated. Furthermore, the paint colors will be as per the attached samples.

Signature of owner	date	Signature of contractor	date		
APPROVED: 04/22/2022		WHEN PAINTING IS FINISHED, CALL FOR FINAL INSPECTION			
- Hele	Mel		mr me ner eenen		
City staff signature					

Planning, Zoning & Economic Development 401 NW 70th Terrace, Plantation, FL 33317 T. 954 797 7622 • H. 954 797 2793

PLANNING, ZONING & ECONOMIC DEVELOPMENT



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PLANNING, ZONING & ECONOMIC DEVELOPMENT

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SITE ADDRESS:					
CONTRACTOR (IF A	PPLICABLE):		-		01 T000
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PLANNING, ZONING &

ECONOMIC DEVELOPMENT

PAINT APPLICATION

PLANNING, ZONING & ECONOMIC DEVELOPMENT



DATE: APRIL 2022	JACABANDA POINT	PHON	E: 954-424-	0101
OWNERS NAME: ADDRESS:	NW 8th CIRCLE			
SITE ADDRESS:				
CONTRACTOR (IF A	PPLICABLE):		- 20 -011	200
COMPANY NAME:	ARLENE ARRAHAMS	PHON	IE: 454-591-4	<u>480</u>
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with all applicable laws re	gulating construction and zoning.	I authorize the above	-named contractor, if	applicable,
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City staff signature				

PLANNING, ZONING & ECONOMIC DEVELOPMENT

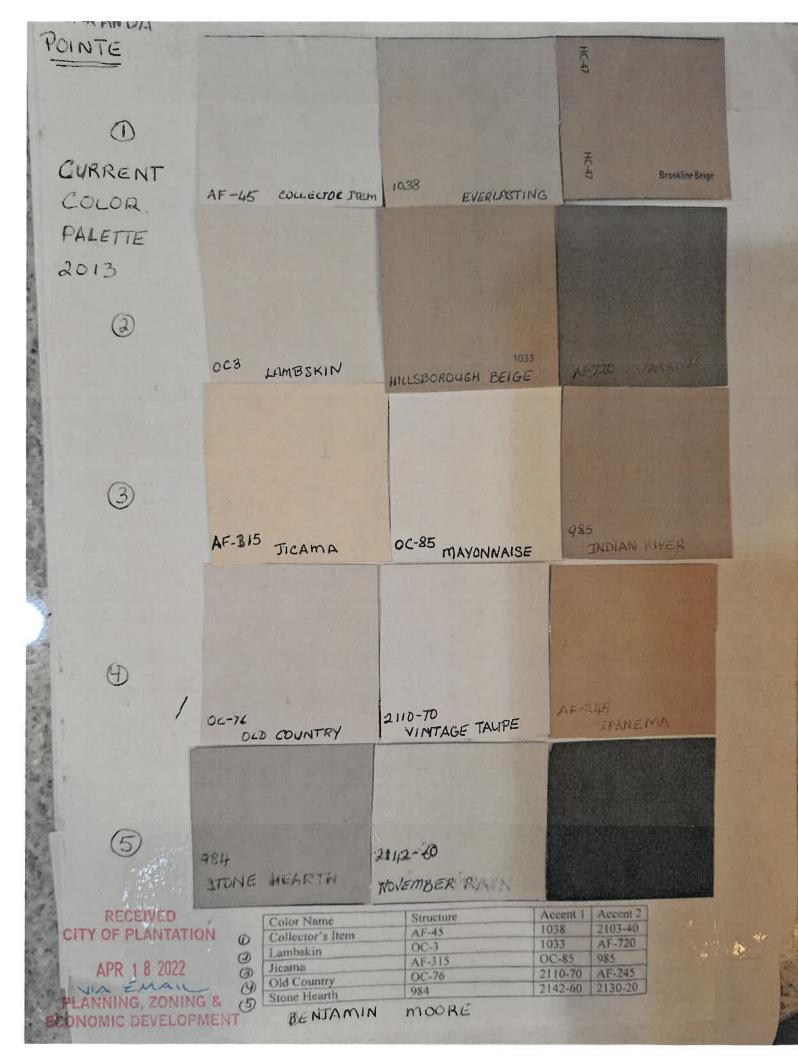


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APR 1 8 2022

PLANNING, ZONING &
ECONOMIC DEVELOPMENT

OWNERS NAME:	JACAR				PHONE:		
SITE ADDRESS:	VW8+h (E CIR	CLE			
CONTRACTOR (II			QUIIDM:	3	PHONE: 4	154-591-49	008
CONTACT .							
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Signature of owner	-	date		Signat	ture of contractor	date	
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City staff/signature	100	77.1					

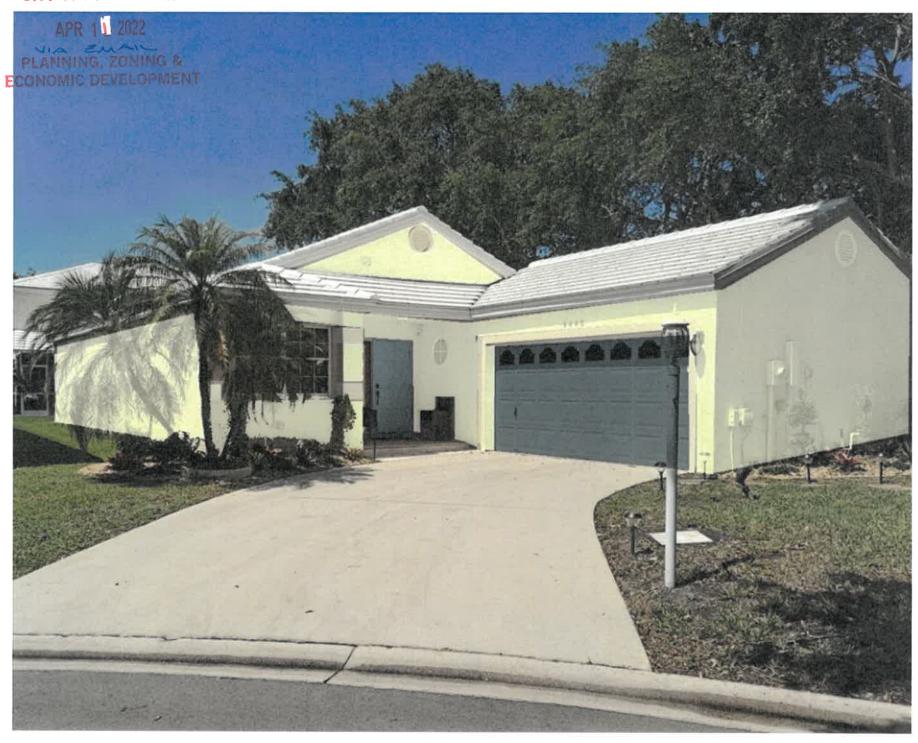




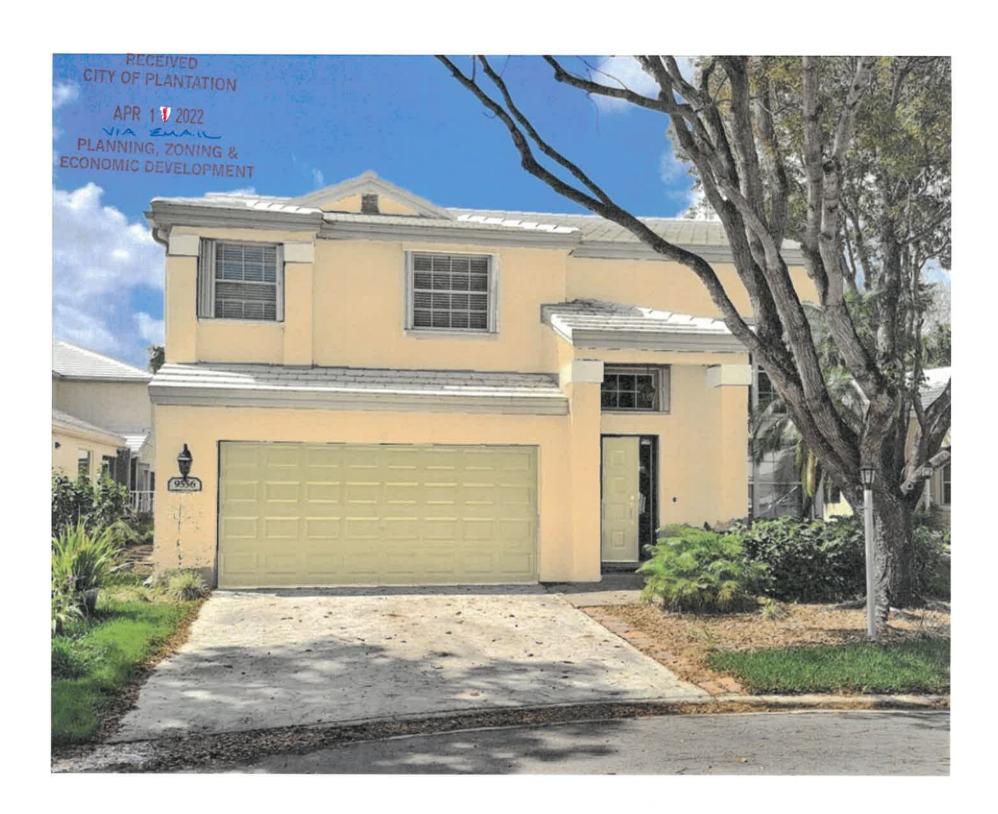




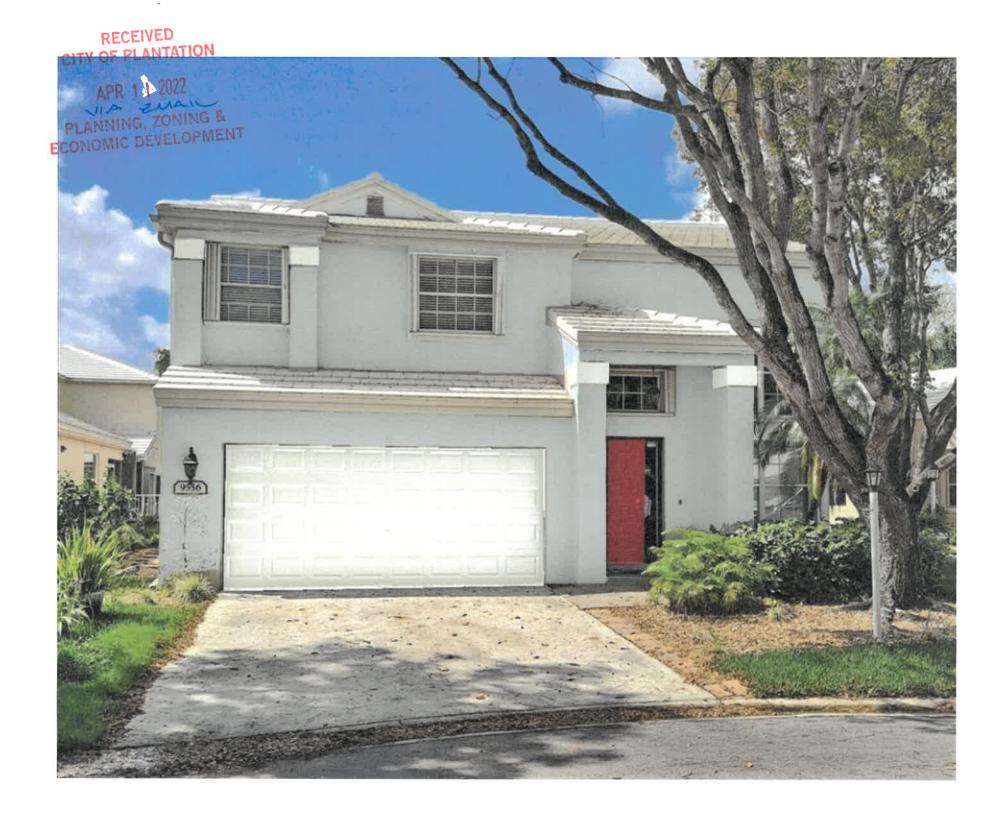
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