

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 Architectural Change Application. 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@jllpropertymgmt.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 <input type="checkbox"/> Flat <input type="checkbox"/>	
Paint Exterior Walls:			
Fascia:			
Patio Screen Encl:			
Privacy Fence:			
Driveway/Walk:			
Shutters:	# of Shutters: _____		
Windows	# of Windows: _____	Colonial <input type="checkbox"/> Non-Colonial <input type="checkbox"/>	
<i>Colonial style windows are restricted to the ground floor windows only.</i>			
Doors:	# of Doors: _____		
Exterior Lamp/Light shade:			Black <input type="checkbox"/> Bronze <input type="checkbox"/> White <input type="checkbox"/>

OFFICE USE ONLY

The Architectural Drawings for Improvements on the above lot have been reviewed by the Architectural Control Board and have been:

_____ Approved _____ Approved with Comments _____ Denied

Comments: _____

_____ Date _____
 Chairman/Committee Member

INDEMNITY LETTER

(Unit Owner Name)

Date: _____

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold **JACARANDA POINTE HOA** from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **JACARANDA POINTE HOA** may suffer as a result of claims, demands, costs or judgments against it arising from the work.

(Signature of Owner)

Street Address

(Print Name of Owner)

City, State, Zip

ACKNOWLEDGEMENT

STATE OF FLORIDA,
COUNTY OF _____

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

Witness my hand and official seal, this ____ day of _____, A.D.20____

NOTARY PUBLIC – STATE OF FLORIDA

MY COMMISSION EXPIRES

JACARANDA POINTE
APPROVED ROOF TILES

FLAT TILE – WHITE THROUGH AND THROUGH



CONCRETE BARREL TILE – WHITE



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APR 18 2022
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PAINT COLOR APPROVAL AND AGREEMENT

DATE: APRIL 2022
 OWNERS NAME: JACARANDA POINTE PHONE: _____
 ADDRESS: N W 8TH CIRCLE
 SITE ADDRESS: _____
 CONTRACTOR (IF APPLICABLE): _____
 COMPANY NAME: CARLENE ABRAHAMS PHONE: 954-591-4980

ALL ELEMENTS ON THE SITE MUST BE LISTED AND INDICATE THE COLOR AND PRODUCT NUMBER TO BE PAINTED

WALLS: NIMBUS GRAY - 2131-50
 FASCIA: WINTER SNOW - OC-63
 DRIP CAP/ EDGE: _____
 SOFFIT: _____
 ROOF: _____
 FLOWER POTS: _____
 SHUTTERS: _____
 AWNINGS: _____
 CHIMNEY: _____
 DOORS AND JAMS: CALIENTE - AF 290
 GARAGE DOORS: WHITE
 RAILINGS: _____
 FENCES: _____
 DECORATIVE METAL: _____
 BRICK: _____
 STUCCO BANDING: WINTER SNOW OC-63
 OTHER STUCCO FEATURES: _____
 ACCESSORY BUILDINGS: _____
 OTHER: _____

2131-50	OC-63	AF 290
NIMBUS GRAY	WHITE SNOW	CALIENTE

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

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: [Signature] 04/22/2022 WHEN PAINTING IS FINISHED, CALL FOR FINAL INSPECTION

[Signature]
 City staff signature

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PAINT COLOR APPROVAL AND AGREEMENT

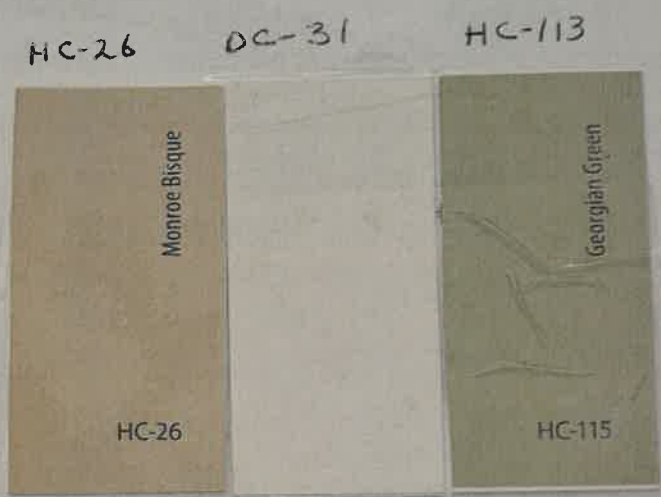
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DATE: APRIL 2022
 OWNERS NAME: JACARANDA POINTE PHONE: _____
 ADDRESS: NW 8th Circle
 SITE ADDRESS: _____
 CONTRACTOR (IF APPLICABLE): _____
 COMPANY NAME: CARLENE ABRAHAMS PHONE: 954-591-4980 ©

ALL ELEMENTS ON THE SITE MUST BE LISTED AND INDICATE THE COLOR AND PRODUCT NUMBER TO BE PAINTED

WALLS: MONROE BISQUE HC-26
 FASCIA: WHITE OC-31
 DRIP CAP/ EDGE: _____
 SOFFIT: _____
 ROOF: _____
 FLOWER POTS: _____
 SHUTTERS: _____
 AWNINGS: _____
 CHIMNEY: _____
 DOORS AND JAMS: GEORGIAN GREEN - HC-113
 GARAGE DOORS: GEORGIAN GREEN - HC-113
 RAILINGS: _____
 FENCES: _____
 DECORATIVE METAL: _____
 BRICK: _____
 STUCCO BANDING: WHITE OC-31
 OTHER STUCCO FEATURES: _____
 ACCESSORY BUILDINGS: _____
 OTHER: _____



MONROE BISQUE WHITE GEORGIAN GREEN

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APPROVED: 04/22/2022
[Signature]

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City staff signature _____

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DATE: APRIL 2022
OWNERS NAME: JACARANDA POINTE PHONE:
ADDRESS: 9 NW 8th CIRCLE
SITE ADDRESS:
CONTRACTOR (IF APPLICABLE):
COMPANY NAME: CARLENE ABRAHAM'S PHONE: 954-591-4980

ALL ELEMENTS ON THE SITE MUST BE LISTED AND INDICATE THE COLOR AND PRODUCT NUMBER TO BE PAINTED

WALLS: SAYBROOK SAGE - HC 114
FASCIA: MONTERE WHITE - HC -27
DRIP CAP/ EDGE:
SOFFIT:
ROOF:
FLOWER POTS:
SHUTTERS:
AWNINGS:
CHIMNEY:
DOORS AND JAMS: VAN DAIJSEN BLUE - HC 156
GARAGE DOORS: VAN DAIJSEN BLUE - HC-156
RAILINGS:
FENCES:
DECORATIVE METAL:
BRICK:
STUCCO BANDING: MONTERE WHITE - HC-27
OTHER STUCCO FEATURES:
ACCESSORY BUILDINGS:
OTHER:



HC-114 SAYBROOK SAGE
HC-27 MONTERE WHITE
HC-156 VAN DAIJSEN

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Signature of owner date Signature of contractor date

APPROVED: [Signature]
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PAINT COLOR APPROVAL AND AGREEMENT

DATE: APRIL 2022
OWNERS NAME: JACARANDA POINTS PHONE: 454-424-0101
ADDRESS: NW 8th CIRCLE
SITE ADDRESS:
CONTRACTOR (IF APPLICABLE):
COMPANY NAME: CARLENE ABRAHAMS PHONE: 454-591-4980

ALL ELEMENTS ON THE SITE MUST BE LISTED AND INDICATE THE COLOR AND PRODUCT NUMBER TO BE PAINTED

WALLS: REVERE PEWTER HC-172
FASCIA: CROMWELL GRAY HC-103
DRIP CAP/ EDGE:
SOFFIT:
ROOF:
FLOWER POTS:
SHUTTERS:
AWNINGS:
CHIMNEY:
DOORS AND JAMS: NIGHT HORIZON 2134-10
GARAGE DOORS: NIGHT HORIZON 2134-10
RAILINGS:
FENCES:
DECORATIVE METAL:
BRICK:
STUCCO BANDING: CROMWELL GRAY HC-103
OTHER STUCCO FEATURES:
ACCESSORY BUILDINGS:
OTHER:

REVERE PEWTER HC-172
CROMWELL GRAY HC-103
NIGHT HORIZON 2134-10



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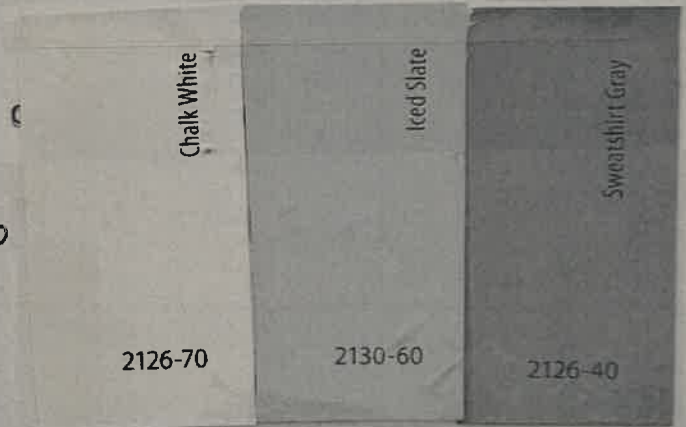
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PAINT COLOR APPROVAL AND AGREEMENT

DATE: APRIL 2022
OWNERS NAME: JACARANDA POINTE **PHONE:** _____
ADDRESS: NW 8TH CORTE CIRLE
SITE ADDRESS: _____
CONTRACTOR (IF APPLICABLE): _____
COMPANY NAME: CARLENE ABRAHAMS **PHONE:** 954-591-4980 ©
CONTACT: _____

ALL ELEMENTS ON THE SITE MUST BE LISTED AND INDICATE THE COLOR AND PRODUCT NUMBER TO BE PAINTED

WALLS: CHALK WHITE - 2126-70
FASCIA: ICE SLATE - 2130-60
DRIP CAP/ EDGE: _____
SOFFIT: _____
ROOF: _____
FLOWER POTS: _____
SHUTTERS: _____
AWNINGS: _____
CHIMNEY: _____
DOORS AND JAMS: SWEAT SHIRT GRAY - 2126-40
GARAGE DOORS: SWEAT SHIRT GRAY
RAILINGS: _____
FENCES: _____
DECORATIVE METAL: _____
BRICK: _____
STUCCO BANDING: ICE SLATE 2130-60
OTHER STUCCO FEATURES: _____
ACCESSORY BUILDINGS: _____
OTHER: _____



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Signature of owner _____ date _____ Signature of contractor _____ date _____

APPROVED: *Thaler Blue*

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04/22/2022
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POINTE

①
CURRENT
COLOR
PALETTE
2013

②

③

④

⑤



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- ①
- ②
- ③
- ④
- ⑤

Color Name	Structure	Accent 1	Accent 2
Collector's Item	AF-45	1038	2103-40
Lambskin	OC-3	1033	AF-720
Jicama	AF-315	OC-85	985
Old Country	OC-76	2110-70	AF-245
Stone Hearth	984	2142-60	2130-20

BENJAMIN MOORE

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APR 11 2022
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