

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@jlpertymgmt.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	# of Windows: _____	Colonial ☐ Non-Colonial ☐	
<i>Colonial style windows are restricted to the ground floor windows only.</i>			
Doors:	# of Doors: _____		
Exterior Lamp/Light shade:			Black ☐ Bronze ☐ White ☐

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: _____

Chairman/Committee Member

Date _____

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



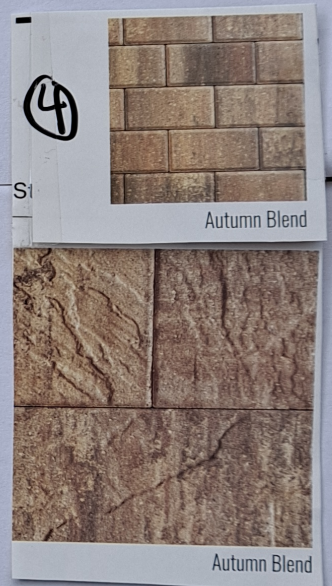


STONEHURST (GLACIER)

1. Glacier
2. Sand Dune
3. Ultra Combo - Sierra
4. Autumn Blend



TEMPLEHURST (SAND DUNE)



Autumn Blend

Autumn Blend



ULTRA COMBO (SIERRA)

PAINT APPLICATION

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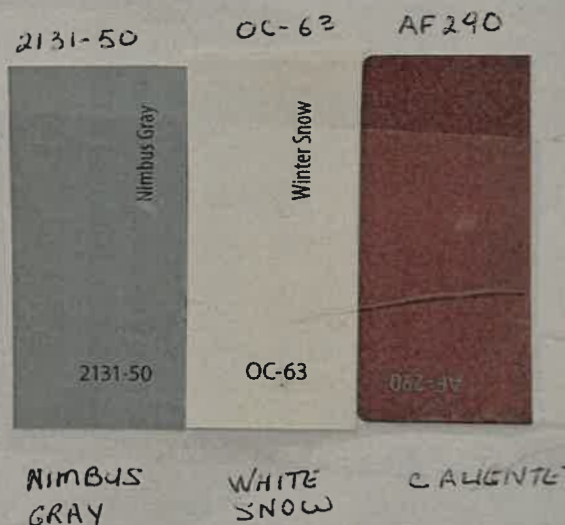
APR 18 2022
VIA Email
**PLANNING, ZONING &
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PAINT COLOR APPROVAL AND AGREEMENT

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: NIMBUS GRAY - 2131-50
FASCIA: WINTER SNOW - OC-63
DRIP CAP/ EDGE: _____
SOFFIT: _____
ROOF: _____
FLOWER POTS: _____
SHUTTERS: _____
AWNINGS: _____
CHIMNEY: _____
DOORS AND JAMS: CALIENTE - AF290
GARAGE DOORS: WHITE
RAILINGS: _____
FENCES: _____
DECORATIVE METAL: _____
BRICK: _____
STUCCO BANDING: WINTER SNOW OC-63
OTHER STUCCO FEATURES: _____
ACCESSORY BUILDINGS: _____
OTHER: _____



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] **WHEN PAINTING IS FINISHED, CALL FOR FINAL INSPECTION**

City staff signature

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PAINT COLOR APPROVAL AND AGREEMENT

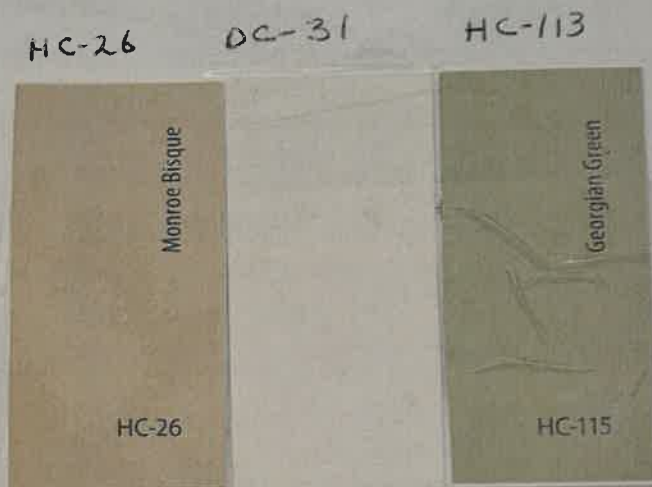
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DATE: APRIL 2022
OWNERS NAME: JACARANDA POINTE PHONE: _____
ADDRESS: NW 8th Circle
SITE ADDRESS: _____
CONTRACTOR (IF APPLICABLE): _____
COMPANY NAME: CARLENG ABRAHAMS PHONE: 954-591-4980 ©

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

APPROVED: 04/22/2022

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City staff signature _____

Planning, Zoning & Economic Development
401 NW 70th Terrace, Plantation, FL 33317
T: 954 797 7677 • F: 954 797 7793

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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: MONTEREY 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: MONTEREY WHITE - HC-27

OTHER STUCCO FEATURES: _____

ACCESSORY BUILDINGS: _____

OTHER: _____



Saybrook Sage

Monterey White

HC-156

HC-156

HC-114

SAYBROOK
SAGE

HC-27

MONTEREY
WHITE

HC-156

VAN DAIJSEN

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

APPROVED: 04/22/2022

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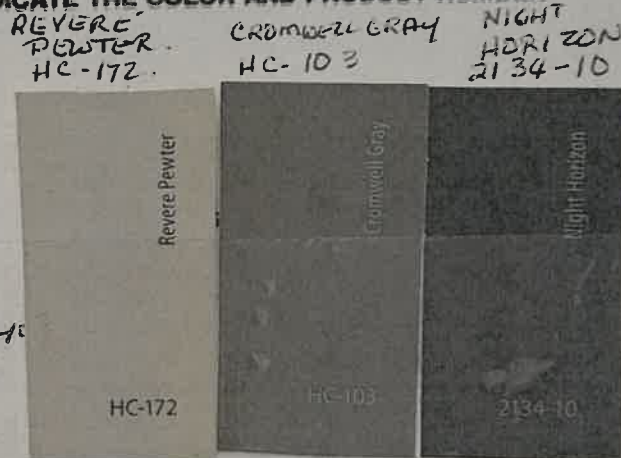
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PAINT COLOR APPROVAL AND AGREEMENT

DATE: APRIL 2022
OWNERS NAME: JACARANDA POINT PHONE: 954-424-0101
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: 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: _____



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

APPROVED: 04/22/2022 WHEN PAINTING IS FINISHED, CALL FOR FINAL INSPECTION

Theresa P. [Signature]
City staff signature

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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: _____

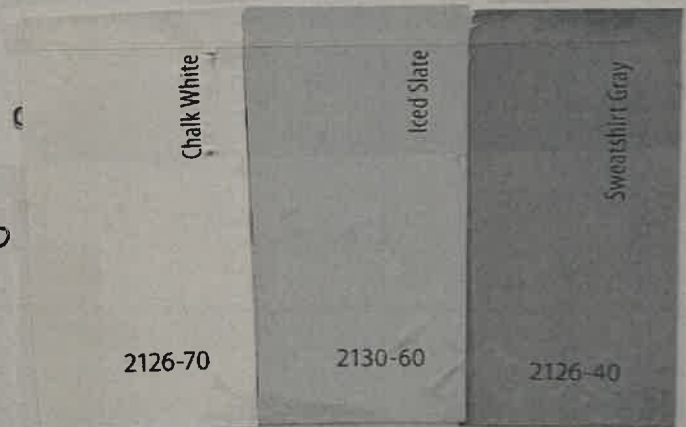
BRICK: _____

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 Kline

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04/22/2022
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POINTE

①
CURRENT
COLOR
PALETTE
2013

②

③

④

⑤

AF-45 COLLECTOR ITEM

1038

EVERLASTING

HC47

HC47

Brookline Beige

OC3

LAMBSKIN

1033

HILLSBOROUGH BEIGE

AF-720 SPARKLE

AF-315

JICAMA

OC-85

MAYONNAISE

985

INDIAN RIVER

OC-76

OLD COUNTRY

2110-70

VINTAGE TAUPE

AF-245

IPANEMA

984

STONE HEARTH

2112-60

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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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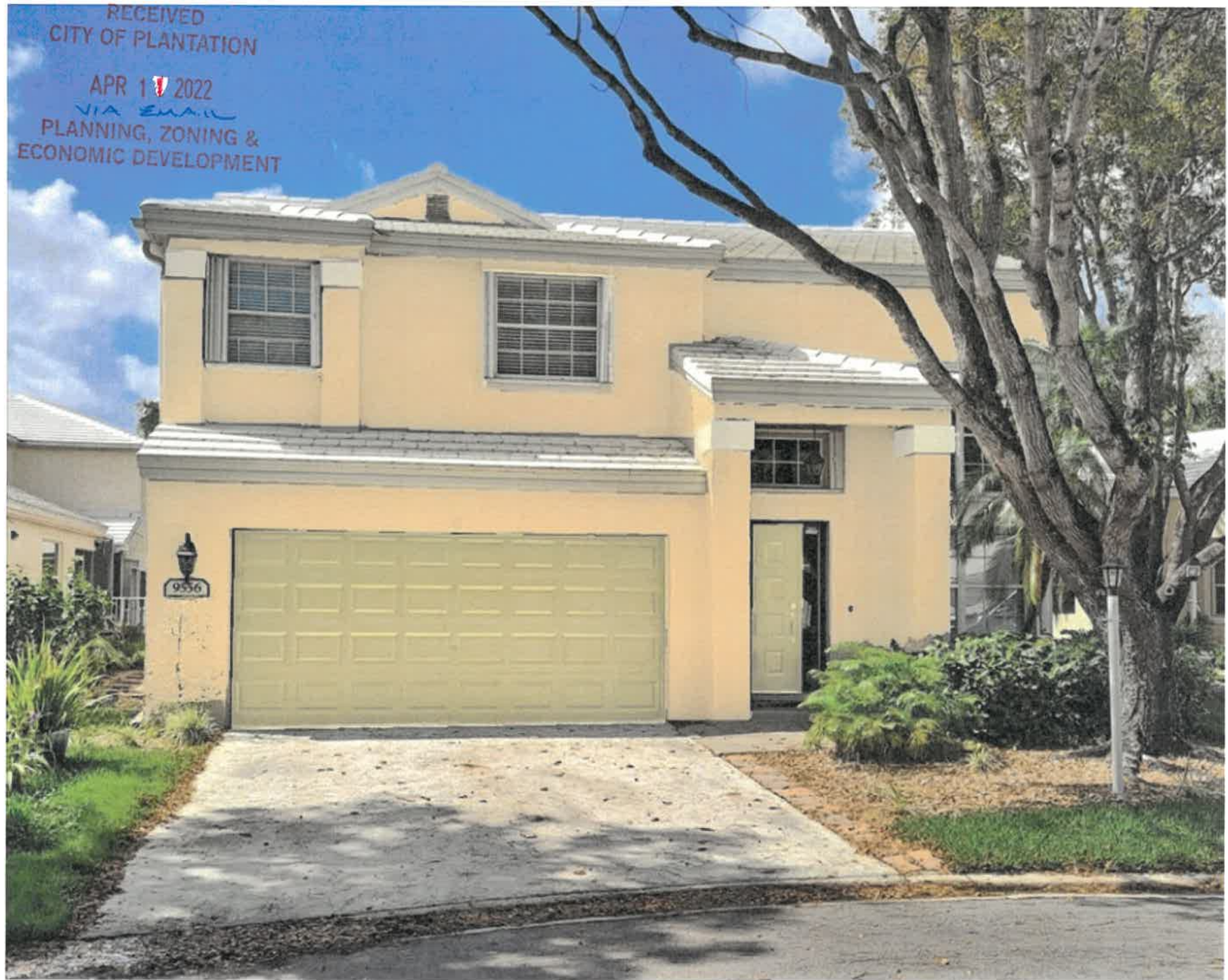
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