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 a signed copy of the approved ARB form. You must include one (1) copy of all of the below information WITH your architectural request or it will not be approved.

DO NOT SUBMIT ANY DOCUMENTS SEPERATELY. PLEASE WAIT UNTIL YOU HAVE <u>ALL</u> OF THE DOCUMENTS BELOW AND THEN SUBMIT YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIWED.

OWNER INFORMATION:

- Complete ARB form Fill in each box indicating colors, materials and proposed work
- Indemnity Letter **NOTARIZED**
- A picture of the items that will be installed (Windows, doors, paint samples etc.)

CONTRACTOR INFORMATION:

- A copy of the Contract (does not have to show the price)
- A copy of the Contractor's Insurance (Made out to the Association, $c/o J\&L our \ address$)
- Workers Comp or Exemption Form
- A copy of the Contractor's License
- A copy of the property Survey or a Site Plan indicating where and what the improvements are (If applicable)

The above referenced "permit/construction type" of drawings should be copies of the same set of drawings that will be submitted to the City Building and Zoning Department for a building construction permit. One set should be signed and sealed by the Engineer and/or Architect of record for our records.

Documents can be returned to Rikki Albert via Fax, Email or Mail

Email: Rikki@jlpropertymgmt.com

Fax: (954) 753-1210 – Please keep in mind that pictures are not very clear when faxed

Mail: J & L Property Management, Inc.

10191 West Sample Road, Suite 203

Coral Springs, FL 33065

Architectural Review Board Form

ASSOCIATION NAME: CAMELOT GARDENS HOA, INC.				
Homeowner Name:		Email:		
Address:		Phone #:		
Contractor Name:		License #:		
Address:		Phone #:		
	List Materials To Be Used:	Type/Style:	Color	
Roof:				
Painting Exterior Wa	alls:			
Fascia:				
Patio Screen Encl:				
Privacy Fence:				
Driveway/Walk:				
Shutters:	# of Shutters			
Windows/Doors:	# of Windows: # of Doors:			
Other:			J	
The Architectura	l Drawings for improvements or	E USE ONLY n the above lot have been review rd and have been:	ed by the Architectural	
Ap	oprovedApp	roved with Comments	Denied	
Comments:				
		Date:		

Chairman/Committee Member

INDEMNITY LETTER

(Unit C	Owner Name)
Date:	
To Whom It May Concern:	
INC., from any and all liability, defense	d hold harmless CAMELOT GARDENS HOA , costs, including attorney fees and all other fees IELOT GARDENS HOA , INC. , may suffer as a ents against it arising from the work.
(Signature of Owner)	Street Address
(Print Name of Owner)	City, State, Zip
ACKNOV	<u>VLEDGEMENT</u>
STATE OF FLORIDA, COUNTY OF	
Before me personally appeared well known and known to me to be the per instrument, and acknowledged	to me rson described in and who executed the foregoing to and before me that executed said instrument for the purposes
therein expressed.	executed said instrument for the purposes
NOTARY PUBLIC – STATE OF FLORI	DA MY COMMISSION EXPIRES

ASSOCIATION NAME: CAMELOT GARDENS HOA

Date:
By signing this form, I (owner), understand that no
rubbish, construction debris, cabinets, etc., can be left in the community dumpster
or on common area during and after the time the work is being done. I also
understand that it is my responsibility to inform my contractor that all rubbish &
debris must be hauled away from the property and out of the community.
Owner Signature:
Property Address: