

ARCHITECTURAL CHANGE APPLICATION

C/O J&L Property Management, Inc
10191 W. Sample Rd. #203
Coral Springs, FL 33065
Office: (954) 753-7966 Fax: (954) 753-1210
Www.jlpropertymgmt.com

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.
- Owners are responsible for obtaining necessary permits required from the City.
- Owners are responsible for any and all damages to Association property and any utilities, including sewer, water, cable, electric and telephone.
- Owner’s must make sure all debris is removed off Association property during and after the work is being done.
- Other conditions may be applicable and may be determined or stipulated on an individual basis.
- Please note: If you are part of a Master Association, you will be required to obtain approval from them as well prior to starting any work.

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 General Liability Insurance Certificate & Workers Comp Certificate or Exemption form. The General Liability Certificate and Workers Comp Certificate must be made out to your Association as follows:**

Concord Village Condominium XI
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. They can also be dropped off to our office at the address below.

Email: jladmin@jlpropertymgmt.com

Mail: J & L Property Management, Inc.
10191 West Sample Rd., Suite 203
Coral Springs, FL 33065

Bldg #: _____
Unit #: _____

Architectural Review Board Form

ASSOCIATION NAME: **CONCORD VILLAGE XI COA., INC.**

Homeowner Name: _____ Email: _____

Address: _____ Phone #: _____

Contractor Name: _____ License #: _____

Address: _____ Phone #: _____

Name and Phone Number of Party to Contact after Review: _____

| JOB TYPE (Circle if applicable) | List Material to Be Used: | Type: | Color: | Notes: |
|---|--------------------------------------|--------------|---------------|------------------------------|
| Flooring | | | | |
| Electrical | | | | |
| Plumbing | | | | |
| Air Conditioner | | | | |
| Water Heater | | | | |
| Patio Flooring OR Patio Screening | | | | |
| Interior/Exterior: Doors & Windows | | | | # of Windows: # of Doors: |
| Wall(s) OR Ceilings | | | | |
| Master Bathroom OR Guest Bathroom | | | | |
| Other: | | | | |

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 harmless **CONCORD VILLAGE XI COA, INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **CONCORD VILLAGE XI COA, INC.**, may suffer as a result of claims, demands, costs or judgments against it arising from the work completed by myself and/or my workers/contractor.

(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.

NOTARY PUBLIC – STATE OF FLORIDA

MY COMMISSION EXPIRES

INDEPENDENT CONTRACTOR RELEASE, WAIVER OF LIABILITY
AND COVENANT NOT TO SUE

In consideration of good and valuable consideration, as well as the promises set forth in this Agreement, the sufficiency of which is hereby acknowledged, the undersigned parties agree as follows. I, _____ fully understand that I have agreed to provide services, as an independent contractor, for Concord Village Condominium XI Association, Inc. ("Association").

The services shall consist of _____.

As an independent contractor, I understand that I am responsible for all related income/self-employment taxes for fees received from the Association for services provided. In addition, I acknowledge that I am solely responsible for any medical or other expenses arising out of any bodily injury or property damages sustained while providing services as an independent contractor. Association shall bear no liability to me and I agree to indemnify the Association and hold it harmless from and against any loss, cost, or damage of any kind (including reasonable outside attorneys' fees) arising in any way from my services to the Association. I certify that I have adequate insurance coverage for any injuries I may sustain while providing said services.

I further covenant and agree that I am liable to the Association for costs incurred by the Association in repairing any damage to the Association's common areas or other property caused by or traceable to the acts or omissions of myself or any of my employees, agents, affiliated and subsidiary companies, or invitees, whether they be intentional or negligent.

I further covenant and agree that I release and will not sue Association, its officers, directors, managers, representatives, agents, or employees, for any claim for damages, for bodily injury or other type of injury, as well as any state, local, or federal wage or employment law claim, arising while performing services for the Association as an independent contractor. I certify that I am over the age of 18 and suffering under no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____, 2024.

Print Name / Title of
Concord Village Condominium XI
Association, Inc.

Witness

Print Name

Independent Contractor

Print Name

Address line 1

Address line 2

Phone Number