

# 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:** Arcrequests@jlpropertymgmt.com

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

**Bldg #:** \_\_\_\_\_

Architectural Review Board Form

**Unit #:** \_\_\_\_\_

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: \_\_\_\_\_

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

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## 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, to \_\_\_\_\_ ("Unit Owner") at Concord Village Condominium XI Association, Inc. ("Association"). The services shall consist of \_\_\_\_\_. I acknowledge that I am solely responsible for any medical or other expenses arising out of any bodily injury or property damages sustained while at the Association property. 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 at 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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
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