

REQUIREMENTS FOR SUBMISSION OF ARB FORMS

(Work cannot be started until you receive a signed copy of the approved ARB form)

The submittal must include one (1) copy of all of the below information to be accepted for review.

The below 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.

INSTRUCTIONS:

- Allow ten (10) business days for review and approval once all documents are received. Please do not submit partial packages. Management will make every effort to expedite the process.
- Walkways must be completely covered prior to work commencing each day and removed daily.
- Contractors/Owners are responsible for removing all debris from site and property. Contractors/Owners are prohibited from dumping construction material in community dumpsters.
- Trash containers may be brought onto property and placed in your assigned parking slot for up to 72 hours only.
- Work is permitted from 9:00AM to 6:00PM Monday through Saturday only.
- Attach all pertinent drawings, specifications and other required (i.e. permits) information to this form.
- Any work done without prior approval from the board of directors is subject to removal at unit owner's expense.
- All work is subject to be inspected multiple times 1- prior to Demo, 2- after Demo & before installation of new materials at each stage (example) Sound proof underlay, Flooring, Drywall, Cabinetry, Tubs, Showers, Commodes, Plumbing, Electrical, AC, Water Heater, Walls, Ceilings, Windows & Doors and 3- upon completion for final inspection.
- **WINDOWS – Front and side windows CANNOT be horizontal sliders. Rear window can be horizontal slider WITH GRID or single hung. ALL window frames MUST be bronze in color and glass can be clear or bronze ONLY.**

OWNER INFORMATION:

- Complete ARB form – Fill in each box indicating colors, materials and proposed work
- Indemnity Letter (**Notarized**)
- A copy of your warranty deed
- **If you are doing the work yourself**, include a detailed sketch or drawing of the improvement or change or submit a copy of your floor plan with the exact location of the proposed improvement & pictures/samples
- If you are doing the work yourself or with a family member, the association requires proof that the unit is insured and a copy of the driver license for each person working in the unit

CONTRACTOR INFORMATION:

- A copy of the Contract
- A copy of the Contractor’s Insurance made out to Fairview at Pembroke Pointe COA c/o J&L Property Mgmt
- Workers Comp or Workers Comp Exemption
- A copy of the Contractor’s License
- A picture of the items that will be installed (Windows, doors, flooring, Cabinetry, etc.)
- A copy of the floor plan indicating where and what the improvements are (floor plan can be found in the Condominium Documents)

Email the forms and documents back to

Arcrequests@jlpropertymgmt.com

or Mail it back to:

J&L Property Mgmt

Attn: Nikki Gordon

10191 W. Sample Rd. Suite 203

Coral Springs, FL 33065

PLEASE SIGN THAT YOU’VE READ THE INSTRUCTIONS & PROVIDED ALL OF THE REQUESTED DOCUMENTS:

Owner Signature: _____ Date: _____

Revised Date:10/12/23

BLDG #: _____ UNIT #: _____ SUBMISSION DATE: _____

ASSOCIATION NAME: **FAIRVIEW AT PEMBROKE POINTE COA**

Homeowner Name: _____ Email: _____

Address: _____ Phone #: _____

Contractor Name: _____ License #: _____

Address: _____ Phone #: _____

JOB TYPE (Circle all applicable)	List Material to Be Used:	Type:	Color:	Notes:
Flooring Patio floors NOT allowed to be covered				
Electrical				
Plumbing				
Air Conditioner				
Water Heater				
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 unit have been reviewed by the Architectural Control Board and have been:

_____ **Approved with Comments** _____ **Denied**

Comments: All work is subject to be inspected multiple times. **(1)- Prior to Demo, (2)- After Demo & before installation of new materials at each stage (example) Sound proof underlay, Flooring, Drywall, Cabinetry, Tubs, Showers, Commodes, Plumbing, Electrical, AC, Water Heater, Walls, Ceilings, Windows & Doors and (3)- Upon completion for final inspection.**

Chairman/Committee Member

Date:

RevisedDate:3/24/22

INDEMNITY LETTER

(Unit Owner Name)

Date: _____

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless FAIRVIEW AT PEMBROKE POINTE COA from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage FAIRVIEW AT PEMBROKE POINTE COA 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 _____

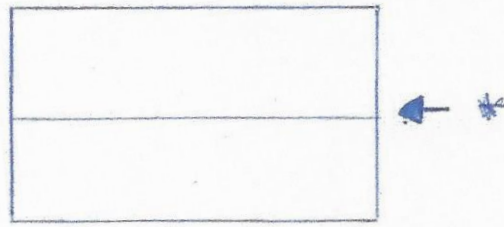
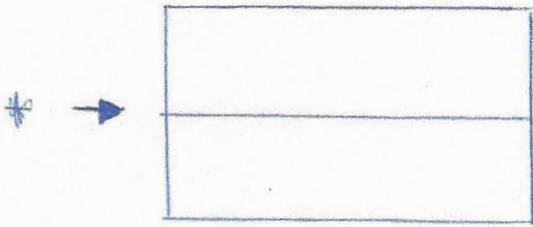
Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

NOTARY PUBLIC – STATE OF FLORIDA

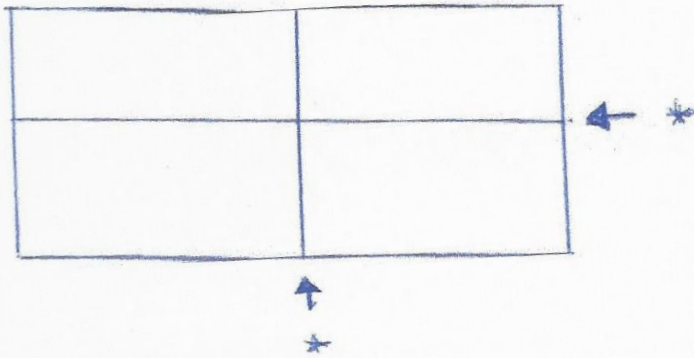
MY COMMISSION EXPIRES

FRONT
BED ROOM

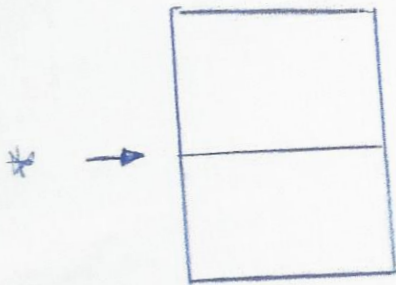
FRONT
KITCHEN



REAR
BED ROOM



(END UNITS)
SIDE



Note * Please make sure
that all GRID
patterns match
existing style
through out

NOTE * FRONT + SIDE WINDOWS CANNOT BE HORIZONTAL SLIDER

NOTE * REAR WINDOW CAN BE HORIZONTAL SLIDER with GRID
OR SINGLE HUNG.

NOTE * BRONZE FRAME

NOTE * BRONZE OR CLEAR GLASS