

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:**

Hammocks at Savanna Maintenance Assoc., 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. 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

Architectural Review Board Form

ASSOCIATION NAME : **HAMMOCKS AT SAVANNA MAINTENANCE ASSOC., INC.**

Homeowner Name: _____ Email: _____

Address: _____ Phone #: _____

Contractor Name: _____ License #: _____

Address: _____ Phone #: _____

| | List Materials To Be Used: | Type/Style: | Color |
|--------------------------|------------------------------|-------------|-------|
| Roof: | | | |
| Painting Exterior Walls: | | | |
| Fascia: | | | |
| Patio Screen Encl: | | | |
| Privacy Fence: | | | |
| Driveway/Walk: | | | |
| Shutters: | # of Shutters | | |
| Windows/Doors: | # of Windows: # of Doors: | | |
| 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 **HAMMOCKS AT SAVANNA MAINTENANCE ASSOC., INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **HAMMOCKS AT SAVANNA MAINTENANCE ASSOC., INC.**, 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.

NOTARY PUBLIC – STATE OF FLORIDA

MY COMMISSION EXPIRES