## 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.ilpropertymgmt.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 <u>Architectural Change Application</u>. Only submit documents 1-3 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.
- Any damage to wood trim or walls will be painted in accordance with Association approved colors, which paint can be obtained from the association.

### **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. A picture of the item/material that will be installed or used for your request (Windows, doors, paint samples, etc.)
- 3. A copy of the property Survey or a Site Plan indicating where and what the improvements are (If applicable)
- 4. A copy of the Contractor's License
- 5. A copy of the Contract detailing the work (does not have to show the price)
- 6. A copy of the Contractor's General Liability Insurance Certificate & Workers Comp Certificate. The General Liability Certificate and Workers Comp Certificate must be made out to your Association as follows:

Welleby Townhomes Association, 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@ilpropertymgmt.com

Mail: J & L Property Management, Inc.

10191 West Sample Rd., Suite 203

Coral Springs, FL 33065



### Welleby Management Association Inc. 4570 N Hiatus Road, Sunrise, FL 33351 954-749-6228 \* fax 954-748-2440 \* info@welleby.net

| ACCT# |  |  |  |  |
|-------|--|--|--|--|
|       |  |  |  |  |

## ARCHITECTURAL MODIFICATION REQUEST (all exterior modifications)

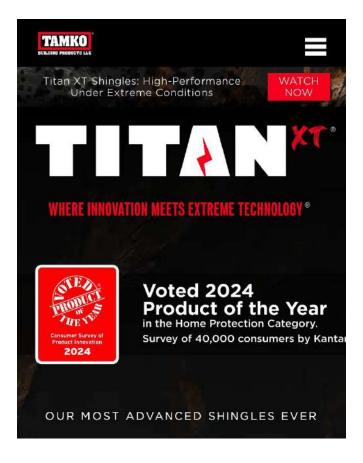
| NAME   | ADDRESS SR 3335                                       |                               |   | SR 33351                     |
|--|---|-------------------------------|---|------------------------------|
| SUB-ASSOCIATION (if any)   |   | -                             |   |                              |
| EMAIL  |   | PHONE(S)                      |   |                              |
| NOTIFICATION SHOULD BE SENT TO MY:   | □ EMAIL □ ADD   | RESS                          | □ OTHER   |                              |
| Please describe the requested modification of the second s | tion below (include details s<br>OR EACH MODIFICATION | uch as manuf<br>ON IF MULT    | acturer, color, material, dimensi<br>FIPLE CHANGES ARE BEIN | ons, location, etc.) NG MADE |
| I have attached the following documentation  Lot survey (REQUIRED IF NEEDED TO Color picture of front of house (REQUIRED Paint swatches (REQUIRED FOR PAIN)  | SHOW A LOCATION)<br>ED FOR PAINTING/ROOFIN            |                               |   | S/DOORS)                     |
| I UNDERSTAND THAT THIS REQUEST WILL REQUIRED DOCUMENTATION (INCLUDING days unless the request is in response to a viccomply with all city, county and other governments)   | SUB-ASSOCIATION APPR plation which must be resolved.  | OVAL IF APP<br>ed within 30 d | LICABLE) IS SUBMITTED. Apays of the date of an approval.    | provals are valid for 180    |
| Signature of owner:  |   |                               | Date:   |                              |
| -DO NOT WR   | ITE BELOW THIS LINE,                                  | FOR ASSOC                     | SIATION USE ONLY-   |                              |
| SUB-ASSOCIATION NAME_<br>(MUST BE SIGNED BELOW BY A AGEN   | T OF THE SUB-ASSOCIA                                  | ATION OR L                    | ETTER OR APPROVAL MA  | Y BE ATTACHED)               |
| Approved ( )   | Disapprov   | ed ( )                        | DATE  |                              |
| SIGNATURE  | <i>P</i>  | RINT NAME                     | <u> </u>  |                              |
| WELLEBY MANAGEMENT ASSOCIATION   | N USE ONLY  |                               |   |                              |
| Approved ( )   | Disapprove  | ed ( )                        | DATE _  |                              |
| SIGNATURE  |   |                               | FOR THE BOARD OF  | DIRECTORS                    |

# **INDEMNITY LETTER**

|   | (Unit Owner Name)   |
|---|---|
| Date:   |   |
| To Whom It May Concern:   |   |
| <b>ASSOCIATION, INC.,</b> from and all other fees incidental to d | mnify and hold harmless <b>WELLEBY TOWNHOMES</b> m any and all liability, defense costs, including attorney fees defense, loss or damage <b>WELLEBY TOWNHOMES</b> by suffer as a result of claims, demands, costs or judgments. |
| (Signature of Owner)  | Street Address  |
| (Print Name of Owner)   | City, State, Zip  |
| <u>A</u>  | CKNOWLEDGEMENT  |
| STATE OF FLORIDA, COUNTY OF                                       |   |
| instrument, and ackn  | to me be the person described in and who executed the foregoing to a lowledged to and before me that executed said instrument for the purposes  |
| therein expressed.  | chickets and manament for the purposes  |
| NOTARY PUBLIC – STATE O   | OF FLORIDA MY COMMISSION EXPIRES  |



Rustic Cedar



# Tamko Heritage Laminated Shingles Rustic Cedar is the approved shingle and color for the Landings at Welleby.

## \*\*ROOF FLASHING HAS TO BE BROWN\*\*

#### HOME / TAMKO HERITAGE LAMINATED SHINGLES RUSTIC CEDAR





SHARE THIS PRODUCT:







## **TAMKO Heritage Laminated Shingles Rustic Cedar**

### The Limited Warranty with the Longest Upfront Protection

Heritage® Series Laminated Asphalt Shingles by TAMKO® have always provided years of striking beauty and excellent roofing protection. They also offer the longest up-front protection available. This is the critical period of time both shingles and the labor to install them are covered at 100% (labor does not include tear off, removal or disposal).

#### The beautiful look that lasts

Shadowtone granule blend adds extra richness and depth

- 15 Year Full Start Warranty
- · 30 Year Ltd. Warranty
- 15 Year 110/130mph Ltd. Wind Warranty
- · 10 Year Algae Relief-Algae Cleaning Limited Warranty
- 13-1/4" x 39-3/8" size
- 5-5/8" Exposure
- Approx. 64 Pieces/Square
- · Approx. 22 Pieces/Bundle
- · Approx. 3 Bundles/Square