

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:**

Palm Place COA, 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: Rikki@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: **PALM PLACE CONDOMINIUM ASSOC., 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 **PALM PLACE COA, INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **PALM PLACE 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