

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:**

WINDING LAKES TWO CONDOMINIUM 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: Rikki@jlpropertymgmt.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 33351

SUB-ASSOCIATION (if any) _____

EMAIL _____ PHONE(S) _____

NOTIFICATION SHOULD BE SENT TO MY: EMAIL ADDRESS OTHER _____

Please describe the requested modification below (include details such as manufacturer, color, material, dimensions, location, etc.)
USE A SEPARATE FORM FOR EACH MODIFICATION IF MULTIPLE CHANGES ARE BEING MADE

I have attached the following documentation:

- Lot survey (REQUIRED IF NEEDED TO SHOW A LOCATION)
- Color picture of front of house (REQUIRED FOR PAINTING/ROOFING/LANDSCAPING/DRIVEWAYS/SHUTTERS/DOORS)
- Paint swatches (REQUIRED FOR PAINTING, manufacturer sample with name/number of color) & color locations

I UNDERSTAND THAT THIS REQUEST WILL NOT BE CONSIDERED COMPLETE/SUBMITTED AND WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTATION (INCLUDING SUB-ASSOCIATION APPROVAL IF APPLICABLE) IS SUBMITTED. Approvals are valid for **180 days** unless the request is in response to a violation which must be resolved within 30 days of the date of an approval. I agreed to and will comply with all city, county and other governmental regulations and will obtain any applicable permits.

Signature of owner: _____ Date: _____

-DO NOT WRITE BELOW THIS LINE, FOR ASSOCIATION USE ONLY-

SUB-ASSOCIATION NAME
 (MUST BE SIGNED BELOW BY A AGENT OF THE SUB-ASSOCIATION OR LETTER OR APPROVAL MAY BE ATTACHED)

Approved () Disapproved () DATE _____

SIGNATURE _____ PRINT NAME _____

WELLEBY MANAGEMENT ASSOCIATION USE ONLY

Approved () Disapproved () DATE _____

SIGNATURE _____ FOR THE BOARD OF DIRECTORS

INDEMNITY LETTER

(Unit Owner Name)

Date: _____

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless WINDING LAKES TWO CONDOMINIUM ASSOC., INC., from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage WINDING LAKES TWO CONDOMINIUM ASSOC., 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