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 1-4 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. <u>The General Liability Certificate and Workers Comp</u> Certificate must be made out to your Association as follows:

WINDING LAKES AT WELLEBY COA

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 □ ADI	DRESS	OTHER	
Please describe the requested modifica USE A SEPARATE FORM FO	tion below (include details s OR EACH MODIFICATION	uch as manufactu ON IF MULTIP	irer, color, material, dimensions, locations LE CHANGES ARE BEING MADI	on, etc.)
I have attached the following documentation: Lot survey (REQUIRED IF NEEDED TO Color picture of front of house (REQUIRED PAINT) Paint swatches (REQUIRED FOR PAINT)	SHOW A LOCATION) ED FOR PAINTING/ROOFII)
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 resolv	OVAL IF APPLIC ed within 30 days	ABLE) IS SUBMITTED. Approvals are of the date of an approval. I agreed to	valid for 180
Signature of owner:			Date:	
-DO NOT WR	ITE BELOW THIS LINE,	FOR ASSOCIAT	TION USE ONLY-	
SUB-ASSOCIATION NAME_ (MUST BE SIGNED BELOW BY A AGEN	T OF THE SUB-ASSOCIA	ATION OR LET	TER OR APPROVAL MAY BE ATT	ACHED)
Approved ()	Disapprov	ed ()	DATE	
SIGNATURE	F	RINT NAME		
WELLEBY MANAGEMENT ASSOCIATION	N USE ONLY			
Approved ()	Disapprove	ed ()	DATE	
SIGNATURE			FOR THE BOARD OF DIRECT	ORS

INDEMNITY LETTER

	(Unit Owner Name)				
Date:					
To Whom It May Concern:					
WELLEBY COA from any and a other fees incidental to defense, los	mnify and hold harmless WINDING LAKES AT all liability, defense costs, including attorney fees and all as or damage WINDING LAKES AT WELLEBY as, demands, costs or judgments against it arising from the my workers/contractor.				
(Signature of Owner)	Street Address				
(Print Name of Owner)	City, State, Zip				
ACK	KNOWLEDGEMENT				
STATE OF FLORIDA, COUNTY OF					
instrument, and acknowl	to me the person described in and who executed the foregoing ledged to and before me that executed said instrument for the purposes				
therein expressed.					
NOTARY PUBLIC – STATE OF F	FLORIDA MY COMMISSION EXPIRES				