

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.
- The unit owner is responsible for obtaining necessary permits required from the City.
- The unit owner is responsible for any and all damages to Association property and any utilities, including sewer, water, cable, electric and telephone.
- The unit owner must remove all debris off Association property from the work that 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:**

THE HAYLOFTS OF CORAL SPRINGS I 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 Emailed, mailed or dropped off to our office. Below is the information for your records.

Email: Arcrequests@jlpropertymgmt.com

Mail: J & L Property Management, Inc.
10191 West Sample Rd., Suite 203
Coral Springs, FL 33065

ARCHITECTURAL REQUEST APPLICATION

THE HAYLOFTS OF CORAL SPRINGS I COA, INC.,

Homeowner Name: _____ Email: _____

Address: _____ Phone #: _____

Contractors Name: _____ Contractors Phone/Email: _____

PLEASE FILL IN THE BOXE (S) BELOW NEXT TO THE WORK YOU ARE REQUESTING APPROVAL FOR. INCLUDE MATERIALS BEING USED AND LOCATION OF WHERE THE WORK

JOB TYPE	BRIEF DESCRIPTION OF WORK BEING DONE, MATERIALS BEING USED AND LOCATION OF WHERE THE WORK IS BEING DONE.	
Flooring		
Electrical		
Plumbing		
Air Conditioner		
Water Heater		
Screen Patio		
Windows	# of Windows: Style of Windows:	Frame Color: Window Tint Color:
Exterior Doors	# of Doors: Style of Doors:	Color of Doors:
Wall(s) OR Ceilings		
Bathroom Renovations		
Kitchen Renovations:		
Other Request:		

IS BEING DONE. IF THE JOB TYPE IS NOT LISTED, USE THE "OTHER REQUEST" BOX.

BELOW IS FOR OFFICE USE ONLY

The Architectural Request for improvements on the owner/property referenced above have been reviewed by the Association Board of Directors and have been: _____ APPROVED _____ DENIED

Additional Comments: _____

Board Member/ Property Manager Signature:

Date of Approval:

INDEMNITY LETTER

(Unit Owner Name)

Date: _____

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless **THE HAYLOFTS OF CORAL SPRINGS I COA, INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **THE HAYLOFTS OF CORAL SPRINGS I 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