ARCHITECTURAL CHANGE APPLICATION

C/O J&L Property Management, Inc 10191 W. Sample Rd. #203 Coral Springs, Fl 33065

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.
- 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.

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 Insurance Certificate & Workers Comp Certificate or Exemption form. Certificates must be made out to your Association as follows:

505 Deerfield Condominium 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

Email: Rikki@jlpropertymgmt.com

Mail: J & L Property Management, Inc.

10191 West Sample Rd., Suite 203

Coral Springs, FL 33065

ARCHITECTURAL REQUEST APPLICATION BA-PART CONDOMINIUM ASSOCIATION, INC.

Homeowner Name:	Email:		
Address:	Phone #:		
Contractors Name:	Contractors Phone #:		
APPROVAL FOR. IN	<mark>CLUDE MATÈRIALS BEING U</mark>	TO THE WORK YOU ARE REQUESTING SED AND LOCATION OF WHERE THE WORK STED, USE THE "OTHER REQUEST" BOX.	
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:			
	BELOW IS FOR OFF	TICE USE ONLY	
The Architectural Requ	iest for improvements on the own	er/property referenced above have been reviewed by	
_	-	APPROVED DENIED	
	/ Property Manager Signature:	Date of Approval:	

INDEMNITY LETTER

J)	Unit Owner Name)
Date:	
To Whom It May Concern:	
CONDOMINIUM ASSOCIATION including attorney fees and all oth DEERFIELD CONDOMINIUM	Emnify and hold harmless 505 DEERFIELD FION, INC., from any and all liability, defense costs, her fees incidental to defense, loss or damage 505 M ASSOCIATION, INC., may suffer as a result of against it arising from the work completed by myself
(Signature of Owner)	Street Address
(Print Name of Owner)	City, State, Zip
ACK	NOWLEDGEMENT
STATE OF FLORIDA, COUNTY OF	
instrument, and acknowle	to me person described in and who executed the foregoing dged to and before me that executed said instrument for the purposes
therein expressed.	
NOTARY PUBLIC – STATE OF FI	LORIDA MY COMMISSION EXPIRES