### 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:** Arcrequests@jlpropertymgmt.com

**Mail:** J & L Property Management, Inc.

10191 West Sample Rd., Suite 203

Coral Springs, FL 33065

# 505 DEERFIELD CONDOMINIUM ASSOCIATION, INC. ARCHITECTURAL REQUEST APPLICATION

| Homeowner Name:Email:         |  |   |  |
|-------------------------------|--|---|--|
| Address:                      | Phone#:  |   |  |
| Contractors Name:             | Contractors Phone #:   |   |  |
|                               |  | TO THE WORK YOU ARE REQUESTING ED 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:<br>Style of Windows:   | Frame Color:<br>Window Tint Color:                                |  |
| Exterior Doors                | # of Doors:<br>Style of Doors:   | Color of Doors:   |  |
| Wall(s) <b>OR</b><br>Ceilings |  | l l   |  |
| Bathroom Renovations          |  |   |  |
| Kitchen Renovations:          |  |   |  |
| Other Request:                |  |   |  |
|                               | BELOW IS FOR OFFI  | CE USE ONLY   |  |
| the Association Board of      | -  | c/property referenced above have been reviewed by APPROVED DENIED |  |
| Board Member                  | / Property Manager Signature:  | Date of Approval:   |  |

## **INDEMNITY LETTER**

| (Unit Owner Name)   |  |  |  |
|---|--|--|--|
| Date:   |  |  |  |
| To Whom It May Concern:   |  |  |  |
| CONDOMINIUM ASSOCIATION including attorney fees and all of DEERFIELD CONDOMINI        | ATION, INC., from any and all liability, defense costs, other fees incidental to defense, loss or damage 505 IUM ASSOCIATION, INC., may suffer as a result of the against it arising from the work completed by myself |  |  |
| (Signature of Owner)  | Street Address   |  |  |
| (Print Name of Owner)   | City, State, Zip   |  |  |
| ACI   | KNOWLEDGEMENT  |  |  |
| STATE OF FLORIDA, COUNTY OF   |  |  |  |
| Before me personally appeared well known and known to me to be instrument, and acknow | to me the person described in and who executed the foregoing yledged to and before me thatexecuted said instrument for the purposes  |  |  |
| therein expressed.  |  |  |  |
|   |  |  |  |
| NOTARY PUBLIC - STATE OF  | FLORIDA MY COMMISSION EXPIRES  |  |  |