

ARCHITECTURAL CHANGE APPLICATION INSTRUCTIONS

HOMEOWNER INSTRUCTIONS:

1. If the modification is not completed as approved, said approval can be revoked and the modification will be required to be removed by the owner at the owner's expense.
2. Include one (1) copy of the documents listed below **WITH** your architectural request or it may not be accepted if it's incomplete.
3. If you are doing the work yourself, put "Homeowner" next to "Contractor Name" on the Architectural Change Application. Only submit documents 1-3 that are listed below.
4. I/we am responsible to pay for and repair any and all damage done to the common areas as a result of the installation.
5. I/we must comply with all applicable the state, county, or city building codes and that I/we must obtain all necessary permits and approvals at my expense.
6. I/we must abide by the decision of the Architectural Review Committee or the Board of Directors.
7. That if the modification is not approved or does not comply, I/we may be subject to court action by the Association and that I/we shall be responsible for all reasonable attorney's fee.
8. If while considering this application, the Association incurs any professional consultation expenses, such as conferring with a licensed architect, I/we will be responsible for said fee. The homeowner will be notified in advance if such services are required.
9. I/we understand the review process may take as long as 30 days from when the form is received by the property manager before results are determined.
10. I/we understand Approval from CDD (Coral Bay Community Development District) is required when it's an improvement that will occur on or affect the maintenance of easement or property owned by the District such as a fence, dock, landscape, structure, irrigation, driveway extension, etc.

I/We understand and agree to comply with the instructions provided above and will fill out, sign, and submit both pages of the Architectural Request Form to management with all other necessary documents listed below.

Homeowner Name (Print)

Homeowner Signature

Date

DOCUMENTS LISTED BELOW MUST BE SUBMITTED BACK WITH YOUR REQUEST:

1. Complete ARB form (see enclosed forms based on the project)
2. A picture of the item/material that will be installed or used for your request (Windows, doors, paint samples, etc.)
3. A copy of the property Survey or a Site Plan indicating where and what the improvements are (If applicable)
4. A copy of the Contractor's License
5. A copy of the Contract detailing the work (does not have to show the price)
6. 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:

PORT ANTIGUA AT CORAL BAY VILLAGE 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, MAIL OR CAN BE DROPPED OFF TO OUR OFFICE AT THE ADDRESS BELOW.

Email: Jladmin@jlpropertymgmt.com and Mauro@jlpropertymgmt.com

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

GENERAL ARCHITECTURAL REVIEW FORM
Port Antigua at Coral Bay Village Association, Inc.
 c/o J&L Property Management, Inc.
 10191 W. Sample Road #203
 Coral Springs, FL 33065
 Office: (954) 753-7966 Email: Jladmin@jlpropertymgmt.com

Owner's Name:	Date:
Property Address:	Telephone:
Owner's Signature:	

Please note: You need to submit a completed form to the management company and wait for approval before commencing any work. Your request will be reviewed and you will be notified, via the management company, of approval or denial within 30 days of receiving your completed request.

Once you receive H O A approval and BEFORE you go to the City of Margate for a permit, the City now requires you to obtain a "no objection" letter from the Coral Bay C D D for any project that involves covering any portion of your land (e.g., a patio). That letter will state that your project will not affect drainage.

Also note that the City of Margate may require a building permit for your work. Please call the City at 954-972-1232 if you have any questions.

Instructions: Check or enter all that apply to your improvement or modification.

Location on property:	Front	Side	Rear	
Dimension of item(s):	Length	Width	Height	Depth

Is the improvement or modification above the fence line?	Yes	No
Is the improvement or modification visible from the street?	Yes	No
Is the improvement or modification visible from any adjacent property?	Yes	No
Have you referred to the Rules and Regulations to see if your improvement or modification is allowed?	Yes	No

Please provide a description of your project (for example, install a white screen door on the front of the house, see photo and diagram). Note expansion or addition to existing structures must be accompanied by a site plan layout showing the dimensions of the addition along with its placement on the property. Also, a sketch will often help to better understand the nature of the project.

Continue on additional page and attach additional documentation as necessary.

Do not write below this line. For Association use only.

Disposition	Check One	Comments
Approved	<input type="checkbox"/>	Subject to:
Denied.	<input type="checkbox"/>	Reason for Denial:
Authorized by (Board or Committee Member) and Date.		Authorized by (Board or Committee Member) and Date.

DRIVEWAY RESURFACING / EXPANSION / REPLACEMENT ARCHITECTURAL REVIEW FORM

Port Antigua at Coral Bay Village Association, Inc.

c/o J&L Property Management, Inc.

10191 W. Sample Road #203

Coral Springs, FL 33065

Office: (954) 753-7966 Email: Jladmin@jlpropertymgmt.com

Owner's Name:	Date:
Property Address:	Telephone:
Owner's Signature:	

This form is to be used for any work that is done to your driveway, whether it is re-painting the existing surface, resurfacing changes such as stamping, expanding the width or your driveway, driveway replacement, or any other alteration involving cars and parking.

Please note that you need to submit a completed form to the H O A management company and wait for approval before commencing any work. Your request will be reviewed and you will be notified, via the H O A management company, of approval or denial within 30 days of receiving your completed request.

Once you receive H O A approval and BEFORE you go to the City of Margate for a permit, you may need to submit your paperwork to the Coral Bay C D D. There are two reasons why: (1) the City of Margate now requires a "no objection" letter from the C D D for any project that involves covering any portion of your land (e.g., with an extension). The letter will state that your project will not affect drainage. (2) the C D D must approve any work that crosses the sidewalk and/or swale if you have a sidewalk in the front of your home.

Also note that the City of Margate requires a permit for any work requiring any type of construction. Please call the City at 954-972-1232 if you have any questions.

Please check the appropriate boxes.

1. Check one of the following:

Driveway resurfacing.	
Driveway expansion or replacement (please provide diagram with measurements, and contractor information. You will be required to get Margate permit approval BEFORE starting the work.	

2. Check which of the surfaces and color:

Painted, color is Sherwin-Williams HC172 Muddy Gray, or equivalent color.	
Painted, color is Sherwin-Williams HC126 Naturally Red, or equivalent color.	
Painted, color is Sherwin-Williams HC141 Cemented Deal, or equivalent color.	
Concrete stamping, please attach picture of pattern and color. The color tones should be in the family of one of the 3 colors above.	
Pavers, please attach picture of paver and color.	
Concrete, natural color.	

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Disposition	Check One	Comments
Approved		Subject to:
Denied		Reason for Denial:
Authorized by (Board or Committee Member) and Date.		Authorized by (Board or Committee Member) and Date.

PAINT ARCHITECTURAL REVIEW FORM
Port Antigua at Coral Bay Village Association, Inc.
 c/o J&L Property Management, Inc.
 10191 W. Sample Road #203
 Coral Springs, FL 33065
 Office: (954) 753-7966 Email: Jladmin@jlpropertygmt.com

Owner's Name:	Date:
Property Address:	Telephone:
Owner's Signature:	

Each choice number below shows a set of colors that must be used together for each of the 3 areas to be painted. Please note: You need to submit a completed form to the management company and wait for approval before commencing any work. Your request will be reviewed and you will be notified, via the management company, of approval or denial within 30 days of receiving your completed request. Also note that to maintain the best overall look for the Association, we will not approve the identical color choice for 2 adjacent homes.

Sherwin Williams Color Combination Choices

Mark Your Choice	Choice Number	Body Color	Trim	Fascia, Garage, Front Door.
	CB-1	SW7564 Polar Bear	SW7006 Extra White	SW7006 Extra White
	CB-2	SW7542 Naturel	SW7008 Alabaster	SW7008 Alabaster
	CB-3	SW7537 Irish Cream	SW6385 Dover White	SW6385 Dover White
	CB-4	SW7687 August Moon	SW7566 Westhighland White	SW7566 Westhighland White
	CB-5	SW7682 Bee's Wax	SW7566 Westhighland White	SW7566 Westhighland White
	CB-6	SW7704 Tower Tan	SW7711 Pueblo	SW7008 Alabaster
	CB-7	SW7537 Irish Cream	SW7720 Deer Valley	SW7008 Alabaster
	CB-8	SW7720 Deer Valley	SW7554 Steamed Milk	SW7008 Alabaster
	CB-9	SW6687 Lantern Light	SW7006 Extra White	SW7006 Extra White
	CB-10	SW7648 Big Chill	SW7006 Extra White	SW7006 Extra White
	CB-11	SW6287 White Beet	SW6303 Rose Colored	SW7006 Extra White
	CB-12	SW7738 Cargo Pants	SW7739 Herbal Wash	SW7008 Alabaster
	CB13	SW7739 Herbal Wash	SW7738 Cargo Pants	SW7008 Alabaster
	CB14	SW7702 Spiced Cider	SW7719 Fresco Cream	SW7008 Alabaster
	CB15	SW7705 Wheat Penny	SW7719 Fresco Cream	SW7008 Alabaster
	CB-16	SW6303 Rose Colored	SW6304 Pressed Flower	SW7006 Extra White
	CB-17	SW6331 Smokey Salmon	SW7566 Westhighland White	SW7566 Westhighland White
	CB-18	SW6681 Butter Up	SW7682 Bee's Wax	SW7006 Extra White
	CB-19	SW6309 Charming Pink	SW6304 Pressed Flower	SW7006 Extra White
	CB-20	SW6394 Sequin	SW6378 Crisp Linen	SW7006 Extra White
	CB-21	SW6659 Captivating Cream	SW6385 Dover White	SW6385 Dover White

The colors can be viewed on-line at www.Sherwin-Williams.com, at their store, or at the management office. Sherwin-Williams has big sales during the year; check with them for the dates with the most savings.

Do not write below this line. For Association use only.

Disposition	Check One	Comments
Approved	<input type="checkbox"/>	Subject to:
Denied	<input type="checkbox"/>	Reason for Denial:
Authorized by (Board or Committee Member) and Date.		Authorized by (Board or Committee Member) and Date.

RE-ROOFING ARCHITECTURAL REVIEW FORM
Port Antigua at Coral Bay Village Association, Inc.
 c/o J&L Property Management, Inc.
 10191 W. Sample Road #203
 Coral Springs, FL 33065
 Office: (954) 753-7966 Email: Jladmin@jlpropertymgmt.com

Owner's Name:	Date:
Property Address:	Telephone:
Owner's Signature:	

Port Antigua has one standard tile style that is permitted in the 3 standard colors listed below. Please note that you need to submit a completed form to the management company and wait for approval before commencing any work. Your request will be reviewed and you will be notified, via the management company, of approval or denial within 30 days of receiving your completed request. Also note that the City of Margate will require a permit. Please call the City at 954-972-1232 if you have any questions.

Please check the appropriate tile:

Tile Color and Number	Check one
Spanish Clay, White Antique, 1GOCS6225BU	
Canyon Clay, No Antique, 1GOCS6201NN	
Carmel, No Antique, 1GOCS6202NN	

There is only one supplier of our roofing tile in the South Florida Area.

That supplier is Boral Roofing.

Their showroom is 2125 NW 22nd Street, Pompano Beach Florida.

All 3 of the tiles are in their Estate Collection and are all in-stock items.

A sample of the actual tile may be seen either at their showroom, call 863-467-3472 for appointment, or at our management company's office.

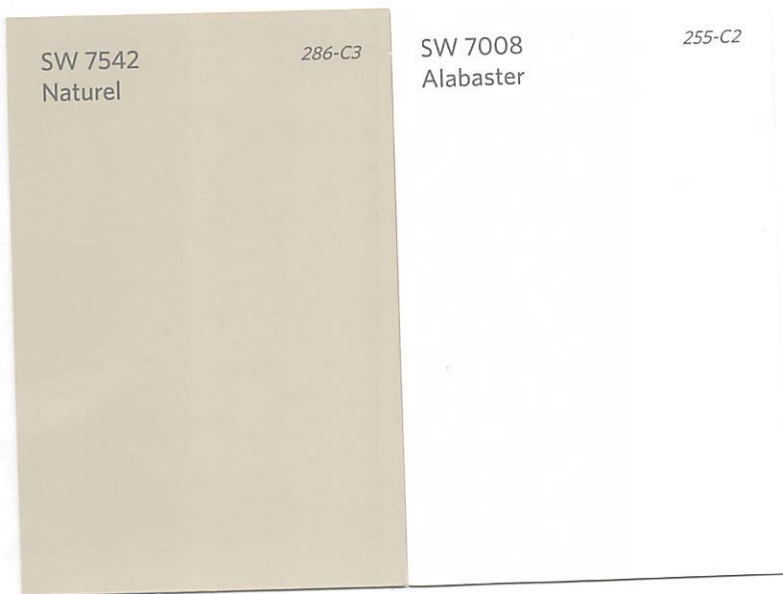
Do not write below this line. For Association use only.

Disposition	Check One	Comments
Approved		Subject to:
Denied		Reason for Denial:
Authorized by (Board or Committee Member) and Date.		Authorized by (Board or Committee Member) and Date.

CB-1



CB-2



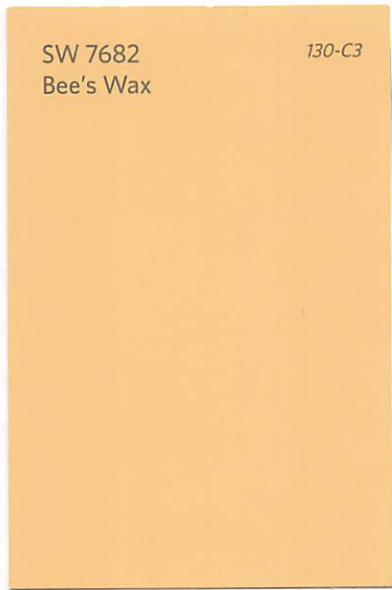
CB-3



CB-4



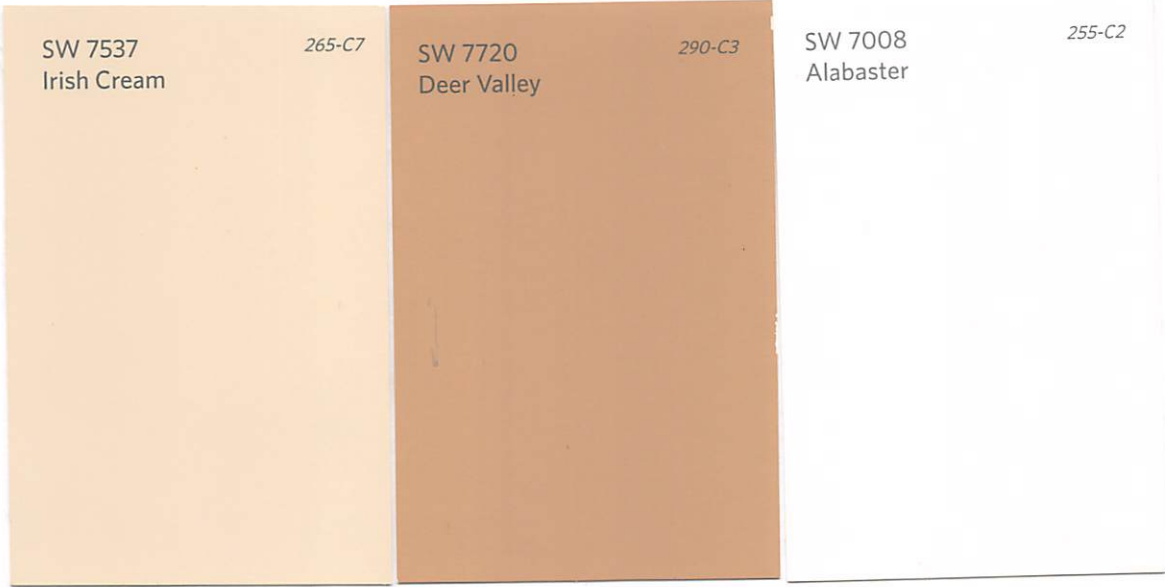
CB-5



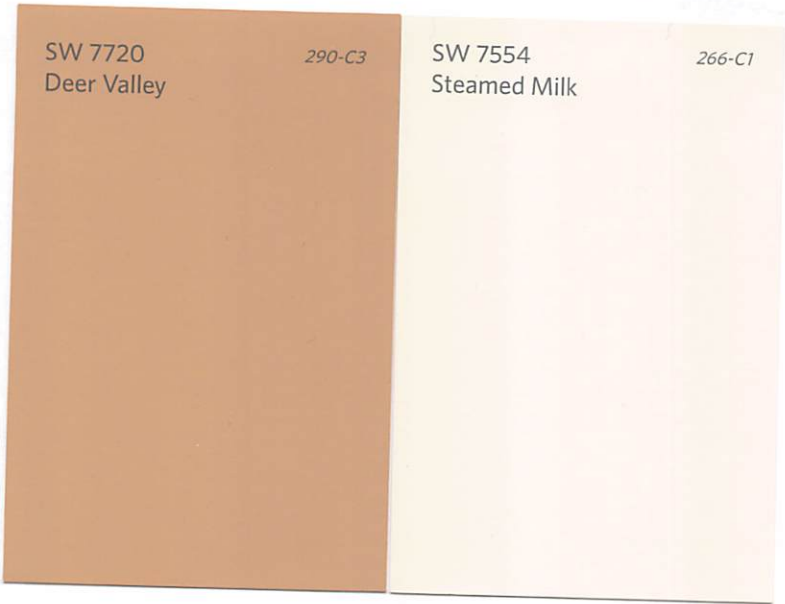
CB-6



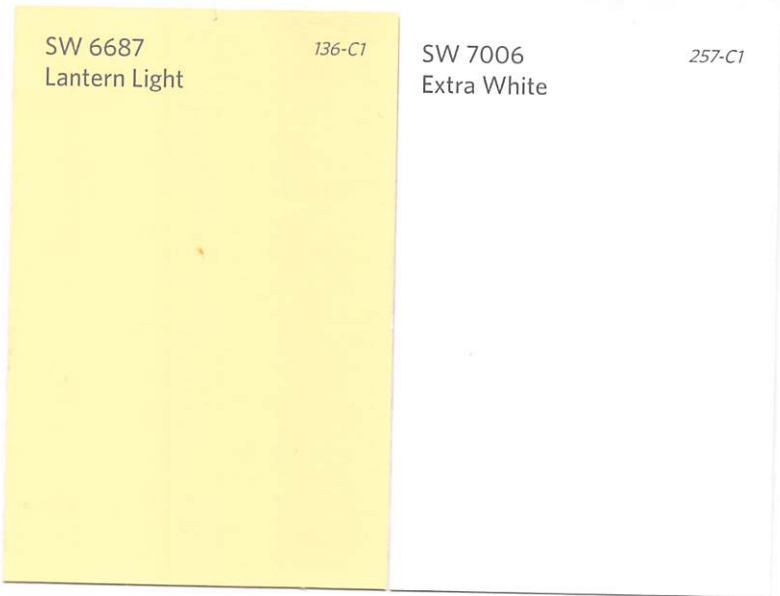
CB-7



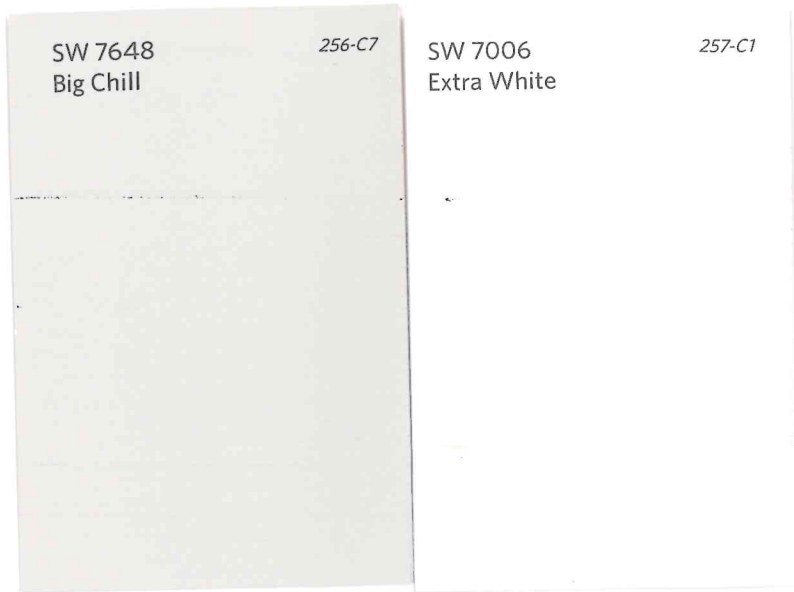
CB-8



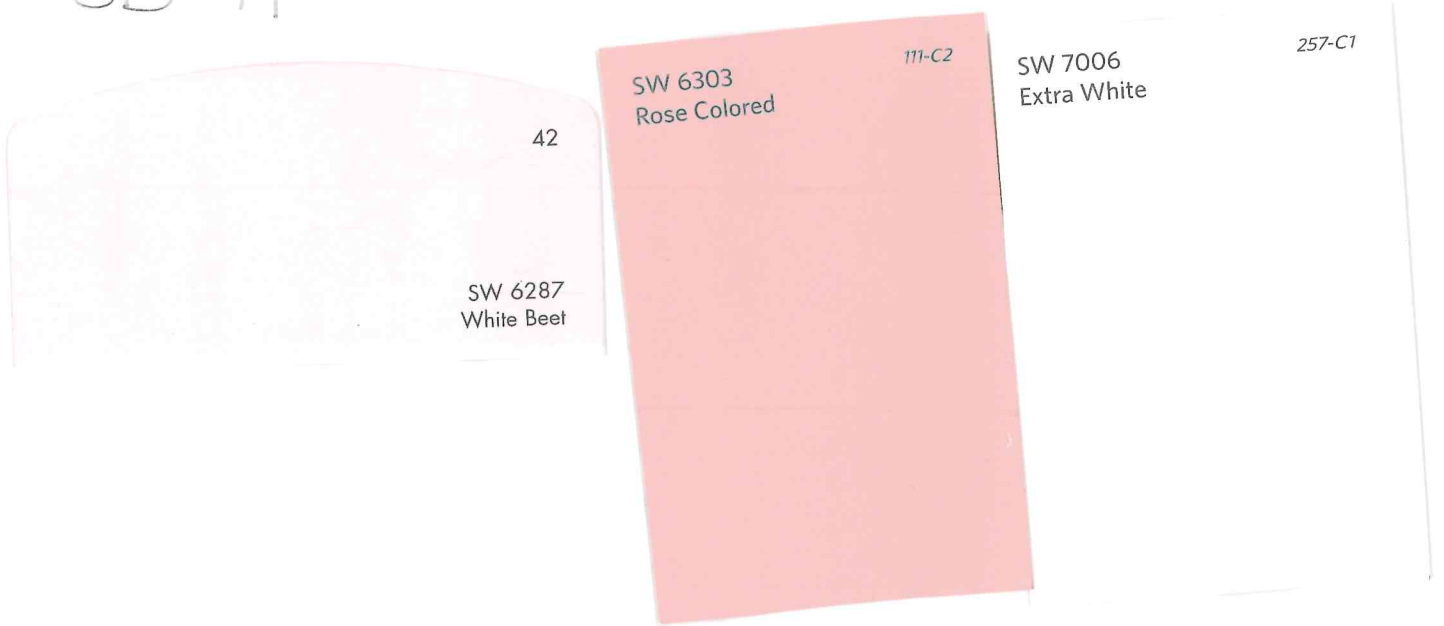
CB-9



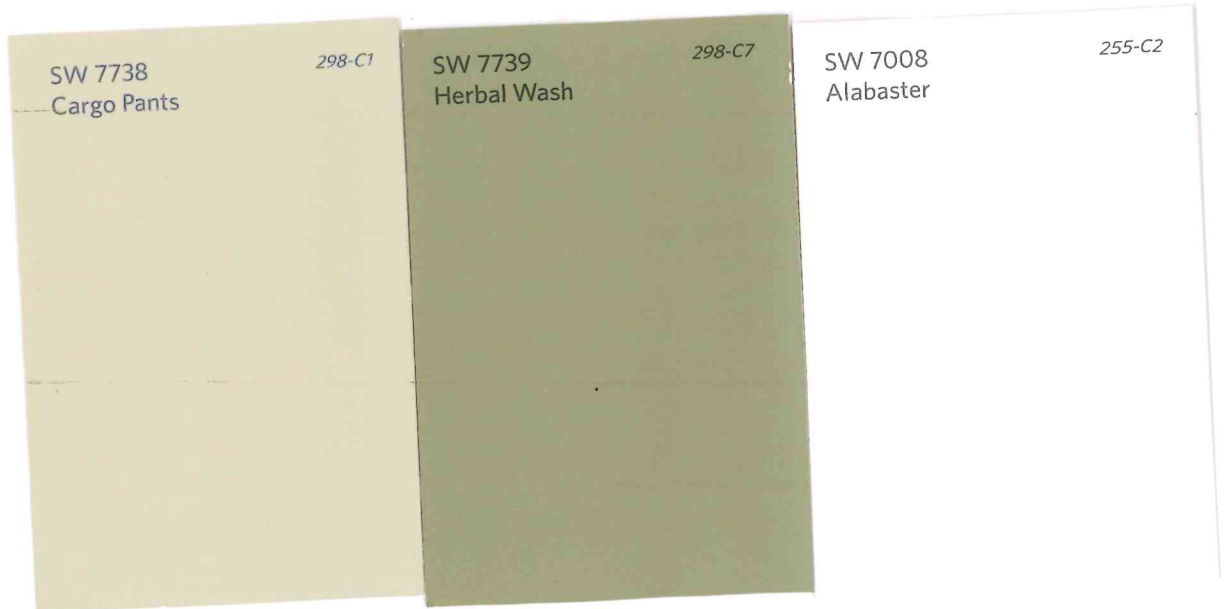
CB10



CB-11



CB12



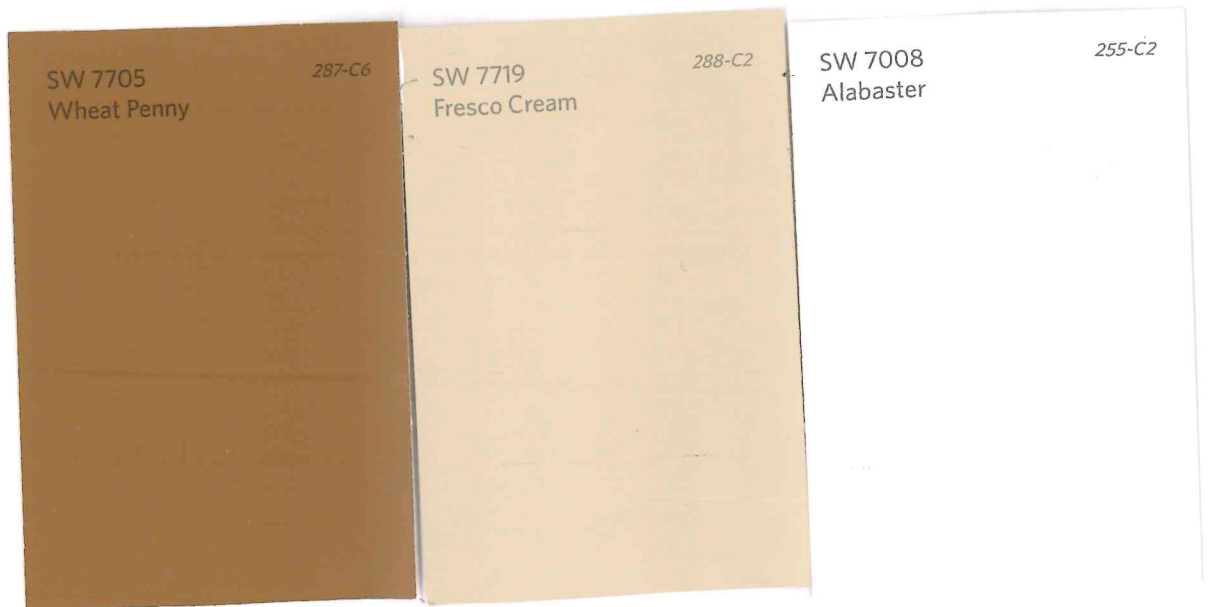
CB-13



CB-14



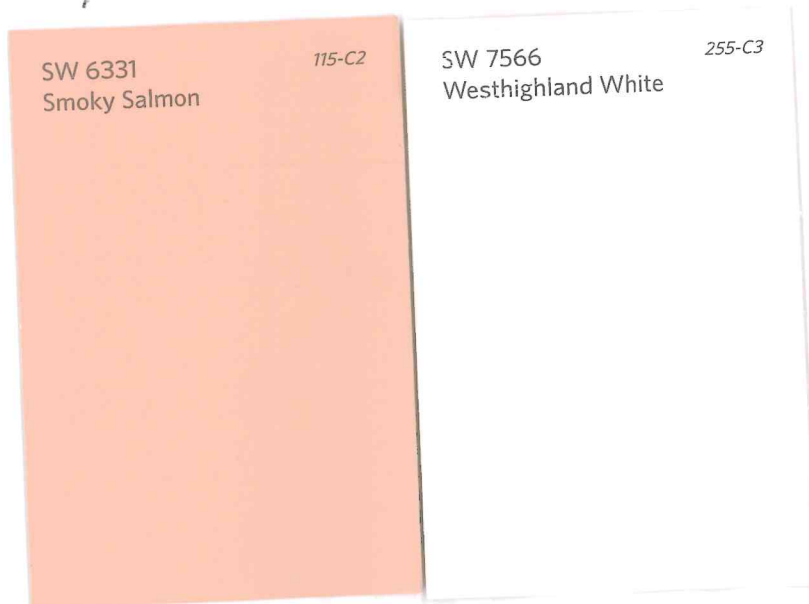
CB-15



CB-16



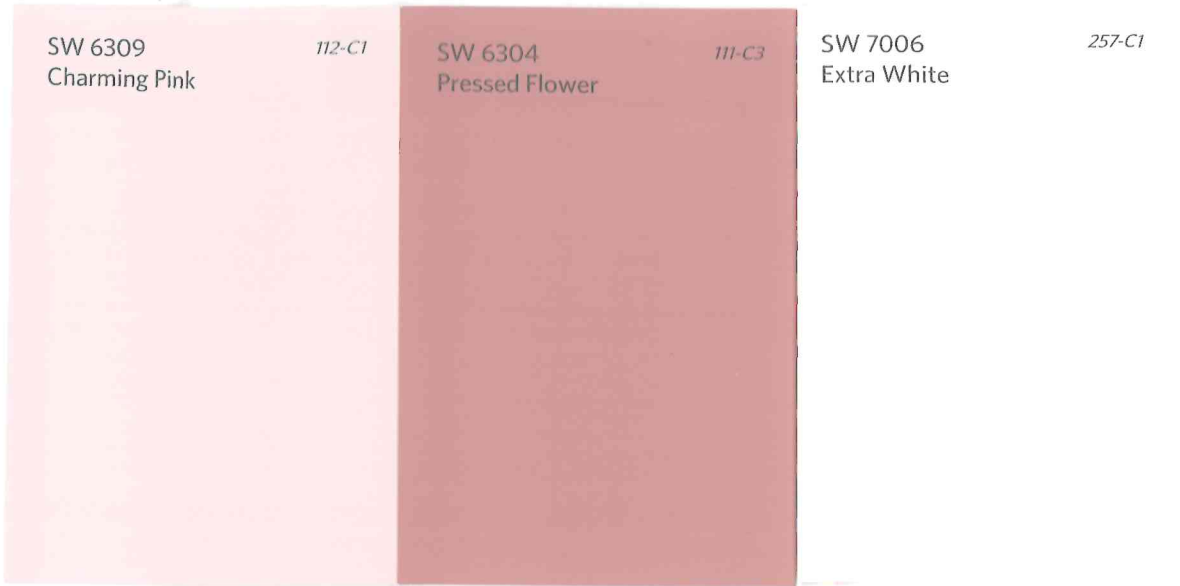
CB-17



CB-18



CB-19



CB-20



White

CB-21

