

# 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:**

### **BAYWOOD VILLAGE II CONDOMINIUM 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 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

# The Township



## INSTRUCTIONS FOR COMPLETING THE ARCHITECTURAL REVIEW COMMITTEE APPROVAL TO MODIFY PROPERTY FORM

1. Please consult the Architectural Review Manual for proper approval procedures.
2. As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition, alteration or change.
3. The applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
4. Approval of this request does not constitute approval of the structural integrity of the requested modification, and is intended solely to maintain harmonious visual aesthetics within the community.
5. All applicable governmental permits or approvals must be obtained by the applicant and a copy furnished to the Architectural Review Committee before work is to begin.
6. *Complete all items* requesting information. *Sign where required.*
7. **TWO COMPLETE SETS OF PLANS AND SPECIFICATIONS PREPARED BY AN ARCHITECT, LANDSCAPE ARCHITECT, ENGINEER OR OTHER QUALIFIED PERSON SHALL BE ATTACHED TO THIS APPLICATION.**
8. **INFORMATION CONTAINED IN THESE PLANS AND SPECIFICATIONS MUST SHOW THE NATURE, KIND, SHAPE, HEIGHT, MATERIALS, COLOR SCHEME AND LOCATION OF THE REQUESTED CHANGE OR ALTERATION, DEPENDING ON THE TYPE OF MODIFICATION REQUESTED. DRAWING OF APPLIED FOR ALTERATION ATTACHED**  
(Application will not be processed without attached drawing)
9. Association president or authorized officer must sign form before submitting to TCMA.
10. An approval or denial will be delivered within 30 days after request is received.
11. All work must be completed within 90 days of date of TCMA approval.



# The Township

REQUEST TO ARCHITECTURAL REVIEW COMMITTEE  
FOR APPROVAL TO MODIFY PROPERTY  
TO BE FILLED IN BY APPLICANT (PLEASE PRINT LEGIBLY)

Application number

DATE OF REQUEST \_\_\_\_\_ NAME OF ASSOCIATION \_\_\_\_\_  
NAME OF APPLICATION (OWNER) \_\_\_\_\_  
TOWNSHIP ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_ Floor \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

PLEASE CHECK APPROPRIATE INFORMATION

- |                                      |   |
|--------------------------------------|---|
|                                      | <u>MODEL TYPE</u>                           |
| <input type="checkbox"/> CONDO       | <input type="checkbox"/> GARDEN TERRACE     |
| <input type="checkbox"/> HOMEOWNERS  | <input type="checkbox"/> TOWNHOUSE          |
| <input type="checkbox"/> ASSOCIATION | <input type="checkbox"/> ATRIUM VILLA       |
| APPLICATION                          | <input type="checkbox"/> MIDRISE            |
|                                      | <input type="checkbox"/> SINGLE FAMILY HOME |

For Office Use Only

In accordance with the requirements of Article VIII of the Declaration of Covenants, Conditions and Restrictions of the Township Master Association Document and/or the requirements of the Sub-Association to which I belong. I hereby request approval for the following modification: **(Describe here the modification required)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ASSOCIATION ACTION TAKEN**

Your request is: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

**ASSOCIATION AUTHORIZATION** (Two signatures by authorized signers on your village board are required)

First Signer: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Second Signer: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

**T.C.M.A. ACTION TAKEN**

Your request is: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

Association Inspection	Work Completed	DATE _____
	APPROVED BY:	

SATELLITE ANTENNA DISH INSTALLATION: THIS APPROVAL IS PREDICATED ON THE UNDERSTANDING THAT THE UNIT OWNER HAS READ AND UNDERSTANDS THE GUIDELINES OF THE TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE STANDARDS COVERING THE INSTALLATION OF SATELLITE ANTENNA DISHES. THE UNIT OWNER UNDERSTANDS THAT APPROVAL IS CONFERRED ON THE STRENGTH OF THIS APPLICATION ALONE. IF INFORMATION WHICH SHOULD HAVE BEEN INCLUDED IN THIS APPLICATION AND WOULD HAVE PRECLUDED THE APPROVAL OF THE INSTALLATION OF THE SATELLITE ANTENNA DISH COMES TO LIGHT AT A LATER DATE IT WILL BE THE UNIT OWNER'S RESPONSIBILITY ALONE TO RECTIFY THE INSTALLATION. THE INSTALLATION MUST COMPLY WITH TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE STANDARDS. CORRECTING THE INSTALLATION TO COMPLY WITH TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE STANDARDS WILL BE AT THE OWNER'S EXPENSE AND MAY INCLUDE THE RELOCATION AND/OR REMOVAL OF THE SATELLITE ANTENNA DISH. APPROVAL OF THE TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE WILL BE REQUIRED AFTER APPROPRIATE REMEDIAL ACTION IS TAKEN.

**YOU MUST SUBMIT A DRAWING OF YOUR MODIFICATION ON AN ADDITIONAL SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION**

# INDEMNITY LETTER

\_\_\_\_\_  
(Unit Owner Name)

Date: \_\_\_\_\_

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless **BAYWOOD VILLAGE II COA, INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **BAYWOOD VILLAGE II 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

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## 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