

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.
- Owners are responsible for obtaining necessary permits required from the City.
- Owners are responsible for any and all damages to Association property and any utilities, including sewer, water, cable, electric and telephone.
- Owner’s must make sure all debris is removed off Association property during and after the work 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:**

Centerpointe 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 Email or mail. They can also be dropped off to our office at the address below.

Email: Jladmin@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 APPLICANT (OWNER) _____
TOWNSHIP ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER () _____ UNIT NUMBER _____

PLEASE CHECK
APPROPRIATE
INFORMATION

MODEL TYPE

☐ CONDO

☐ Home
Owners

☐ Association
Application

☐ GARDEN TERRACE

☐ TOWNHOUSE

☐ ATRIUM VILLA

☐ MIDRISE

☐ 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 requested)*

Applicant's Signature _____ Date _____

ASSOCIATION ACTION TAKEN

Your request is _____ APPROVED _____ DISAPPROVED _____

BY:

Date: _____

Association Authorization

Phone # _____

T.C.M.A. ACTION TAKEN

Your request is _____ APPROVED _____ DISAPPROVED _____

APPROVED:

Date:

**ASSOCIATION
INSPECTION**

**WORK COMPLETED
APPROVED BY:**

DATE _____

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 **CENTERPOINTE CONDOMINIUM ASSOC. INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **CENTERPOINTE CONDOMINIUM ASSOC. 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