

# 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:**

**COCORANDA TWIN HOMES 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 Emailed, mailed or dropped off to our office. Below is the information for your records.**

**Email:** JLadmin@jlpropertymgmt.com

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

Architectural Review Board Form

ASSOCIATION NAME : **COCORANDA TWIN HOME ASSOCIATION, INC**

Homeowner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

	List Materials To Be Used:	Type/Style:	Color
Roof:			
Painting Exterior Walls:			
Fascia:			
Patio Screen Encl:			
Privacy Fence:			
Driveway/Walk:			
Shutters:	# of Shutters		
Windows/Doors:	# of Windows: # of Doors:		
Other:			

**OFFICE USE ONLY**

**The Architectural Drawings for improvements on the above lot have been reviewed by the Architectural Control Board and have been:**

**Approved**     
  **Approved with Comments**     
  **Denied**

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Chairman/Committee Member

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

# INDEMNITY LETTER

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

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

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless **COCORANDA TWIN HOMES ASSOCIATON, INC.** from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **COCORANDA TWIN HOMES ASSOCIATON, INC** may suffer as a result of claims, demands, costs or judgments against it arising from the work.

\_\_\_\_\_  
(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