# **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 <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.
- 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. <u>The General Liability Certificate and Workers Comp</u> <u>Certificate must be made out to your Association as follows:</u>

#### WINDING LAKES AT WELLEBY COA

c/o J&L Property Management, Inc.10191 W. Sample Rd. #203Coral 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: Arcrequests@jlpropertymgmt.com

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



Welleby Management Association Inc. 4570 N Hiatus Road, Sunrise, FL 33351 954-749-6228 \* fax 954-748-2440 \* info@welleby.net

ACCT #\_\_\_\_\_

# ARCHITECTURAL MODIFICATION REQUEST (all exterior modifications)

NAME		ADDRE	SS	SR 33351
SUB-ASSOCIATION (if any)				
EMAIL		PHONE(S)		
NOTIFICATION SHOULD BE SENT TO MY:		ADDRESS		
Please describe the requested modifica USE A SEPARATE FORM F	tion below (includ OR EACH MOD	le details such as mar DIFICATION IF MU	nufacturer, color, material, dime LTIPLE CHANGES ARE B	ensions, location, etc.) EING MADE
I have attached the following documentation Lot survey (REQUIRED IF NEEDED TO Color picture of front of house (REQUIR Paint swatches (REQUIRED FOR PAIN	SHOW A LOCAT ED FOR PAINTIN	IG/ROOFING/LANDS	CAPING/DRIVEWAYS/SHUTT	ERS/DOORS) ons
I UNDERSTAND THAT THIS REQUEST WILL REQUIRED DOCUMENTATION (INCLUDING <b>days</b> unless the request is in response to a vir comply with all city, county and other governm	SUB-ASSOCIAT	ION APPROVAL IF A to resolved within 3	PPLICABLE) IS SUBMITTED. 0 days of the date of an approv	Approvals are valid for 180
Signature of owner:			Da	ate:
-DO NOT WH	ITE BELOW TH	HS LINE, FOR ASS	OCIATION USE ONLY-	
SUB-ASSOCIATION NAME (MUST BE SIGNED BELOW BY A AGEN	T OF THE SUB-	ASSOCIATION OF	LETTER OR APPROVAL	MAY BE ATTACHED)
Approved ( )		Disapproved ( )		TE
SIGNATURE		PRINT NAI	ME	
WELLEBY MANAGEMENT ASSOCIATIO	N USE ONLY			
Approved ( )	Ľ	Disapproved ( )	DA	ſE
SIGNATURE			FOR THE BOARD	OF DIRECTORS
				D 1 11/2016

# **INDEMNITY LETTER**

(Unit Owner Name)

Date:

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless <u>WINDING LAKES AT</u> <u>WELLEBY COA</u> from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage <u>WINDING LAKES AT WELLEBY</u> <u>COA</u> 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 well known and known to me to instrument, and ack	to be the person described in and who executed the foregoing
therein expressed.	

NOTARY PUBLIC – STATE OF FLORIDA