

# ARCHITECTURAL CHANGE APPLICATION

C/O J&L Property Management, Inc  
10191 W. Sample Rd. #203  
Coral Springs, FL 33065

## **REQUIREMENTS FOR SUBMISSION OF ARB FORMS**

Work cannot be started until you receive a signed copy of the approved ARB form. You must include one (1) copy of all of the below information WITH your architectural request or it will not be approved.

**DO NOT SUBMIT ANY DOCUMENTS SEPERATELY. PLEASE WAIT UNTIL YOU HAVE ALL OF THE DOCUMENTS BELOW AND THEN SUBMIT YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

### **OWNER INFORMATION:**

- Complete ARB form – Fill in each box indicating colors, materials and proposed work
- Indemnity Letter - **NOTARIZED**
- A picture of the items that will be installed (Windows, doors, paint samples etc.)

### **CONTRACTOR INFORMATION:**

- A copy of the Contract (does not have to show the price)
- A copy of the Contractor's Insurance (*Made out to the Association, c/o J&L – our address*)
- Workers Comp or Exemption Form
- A copy of the Contractor's License
- A copy of the property Survey or a Site Plan indicating where and what the improvements are (If applicable)

The above referenced “permit/construction type” of drawings should be copies of the same set of drawings that will be submitted to the City Building and Zoning Department for a building construction permit. One set should be signed and sealed by the Engineer and/or Architect of record for our records.

**Documents can be returned to Veronica Cruz via Fax, Email or Mail**

Email: Veronica@jlpropertymgmt.com

Fax: (954) 753-1210 – Please keep in mind that pictures are not very clear when faxed

Mail: J & L Property Management, Inc.  
10191 West Sample Road, 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

CONDO

Home  
Owners

Association  
Application

### MODEL TYPE

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: \_\_\_\_\_

<b>ASSOCIATION</b>	<b>WORK COMPLETED</b>	<b>DATE</b> _____
<b>INSPECTION</b>	<b>APPROVED BY:</b>	

### 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 SAWGRASS VILLAGE I HOA from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage SAWGRASS VILLAGE I HOA 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