

**Bldg #:** \_\_\_\_\_  
**Unit #:** \_\_\_\_\_

Architectural Review Board Form

ASSOCIATION NAME: **VILLA MADRID II CONDOMINIUM ASSOC., INC.**

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

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

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

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

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Name and Phone Number of Party to Contact after Review: \_\_\_\_\_

<b>JOB TYPE (Circle if applicable)</b>	<b>List Material to Be Used:</b>	<b>Type:</b>	<b>Color:</b>	<b>Notes:</b>
Flooring				
Electrical				
Plumbing				
Air Conditioner				
Water Heater				
Patio Flooring <b>OR</b> Patio Screening				
Interior/Exterior: Doors & Windows				# of Windows: # of Doors:
Wall(s) <b>OR</b> Ceilings				
Master Bathroom <b>OR</b> Guest Bathroom				
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:** \_\_\_\_\_

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

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

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

***(Work cannot be started until you receive a signed copy of the approved ARB form)***

### **OWNER INFORMATION:**

- Complete ARB form – Fill in each box indicating colors, materials and proposed work
- Indemnity Letter (**Notarized**)

### **CONTRACTOR INFORMATION:**

- A copy of the Contract (does not have to show the price)
- A copy of the Contractor's Insurance
- Workers Comp or Workers Comp Exemption
- A copy of the Contractor's License
- A picture of the items that will be installed (Windows, doors, flooring., etc.)
- A copy of the floor plan indicating where and what the improvements are (If applicable)

The submittal must include one (1) copy of all of the above information to be accepted for review.

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

# INDEMNITY LETTER

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

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

To Whom It May Concern:

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

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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