

# 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



Welleby Management Association Inc.  
3489 Hiatus Road, Sunrise, FL 33351  
954-749-6228 \* fax 954-748-2440 \* info@welleby.net

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

**ARCHITECTURAL MODIFICATION REQUEST** (all exterior modifications)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ SR 33351

SUB-ASSOCIATION (if any) \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE(S) \_\_\_\_\_

NOTIFICATION SHOULD BE SENT TO MY:  EMAIL  ADDRESS  OTHER \_\_\_\_\_

Please describe the requested modification below (include details such as manufacturer, color, material, dimensions, location, etc.)  
**USE A SEPARATE FORM FOR EACH MODIFICATION IF MULTIPLE CHANGES ARE BEING MADE**

I have attached the following documentation:

- Lot survey (REQUIRED FOR ALL EXTERIOR CHANGES EXCEPT ROOFING/HOUSE PAINTING/MAILBOXES)
- Color picture of front of house (REQUIRED FOR PAINTING/ROOFING/LANDSCAPING/DRIVEWAYS/SHUTTERS/DOORS)
- Sample (REQUIRED FOR ROOFING/PAINTING- manufacturer sample with name/number of color)

I UNDERSTAND THAT THIS REQUEST WILL NOT BE CONSIDERED COMPLETE/SUBMITTED AND WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTATION (INCLUDING SUB-ASSOCIATION APPROVAL IF APPLICABLE) IS SUBMITTED. Approvals are valid for **180 days** unless the request is in response to a violation which must be resolved within 30 days of the date of an approval. I agreed to and will comply with all city, county and other governmental regulations and will obtain any applicable permits.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

***-DO NOT WRITE BELOW THIS LINE, FOR ASSOCIATION USE ONLY-***

SUB-ASSOCIATION NAME \_\_\_\_\_  
(MUST BE SIGNED BELOW BY A AGENT OF THE SUB-ASSOCIATION OR LETTER OR APPROVAL MAY BE ATTACHED)

Approved ( ) Disapproved ( ) DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**WELLEBY MANAGEMENT ASSOCIATION USE ONLY**

Approved ( ) Disapproved ( ) DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ FOR THE BOARD OF DIRECTORS

# INDEMNITY LETTER

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

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

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless WINDING LAKES AT WELLEBY COA from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage WINDING LAKES AT WELLEBY COA 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