

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

Bldg #: _____
Unit #: _____

Architectural Review Board Form

ASSOCIATION NAME: GABLES OF BOCA BARWOOD

Homeowner Name: _____ Email: _____

Address: _____ Phone #: _____

Contractor Name: _____ License #: _____

Address: _____ Phone #: _____

Name and Phone Number of Party to Contact after Review: _____

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

Chairman/Committee Member

Date:

INDEMNITY LETTER

(Unit Owner Name)

Date: _____

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless GABLES OF BOCA BARWOOD, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage GABLES OF BOCA BARWOOD 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 _____ 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