

ARCHITECTURAL MODIFICATION REQUEST FORM

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Applications are considered incomplete until the Manager has acknowledged that an Architectural Modification Request Form has been completed and is acknowledged as completed in writing with all addenda indicated on page 3.

By submitting this form, you accept the following term(s) and condition(s) upon which any approval will be contingent:

1. If a Notice of Commencement is required, it must be obtained from Broward County; and
2. If a Permit is required, it must be obtained from the City or such other authority as may issue a Permit **before** work – including any preparation or demolition – may start; and
3. Owner(s) are responsible for **same-day removal of all debris and agree to pay the Association damages in an amount of ONE HUNDRED AND NO/100 (\$100.00) DOLLARS per day for each day that debris is not removed up to a maximum of ONE THOUSAND AND NO/100 (\$1,000.00) DOLLARS; and**
4. The Association may, at its discretion, require Owner(s) to pay a security deposit for any damages, which shall be returned to Owner(s) upon closure of Permit and Notice of Commencement or submission of a Contractor's Final Affidavit of Payment if no damages have been incurred; and
5. The Owner(s) is responsible for any and all damage(s) incurred by the Association as a result of the Vendor/Contractor being on the property of the Association; and
6. Any approved alteration must be maintained in a safe, aesthetically pleasing manner; and
7. Repair, maintenance of any approved alteration is the responsibility of the Owner(s); and
8. Work may only be performed on non-holiday weekdays (MON – FRI) from 8:00 am – 7:00 p.m. and on Saturdays from 9:00 a.m. – 5:00 p.m. If work is performed outside of these hours, Owner(s) shall pay to the Association a fee of ONE HUNDRED AND NO/100 (\$100.00) DOLLARS per occurrence.
9. If applicable, contractors must park only during daytime hours in a guest spot with proper registration as required or be parked in the assigned space of the Property. The Owner(s) shall pay to the Association damages in the amount of FIFTY AND NO/100 (\$50.00) DOLLARS for each occurrence.



ASSOCIATION MANAGEMENT PARTNERS LLC

Matt Jelinek, CAM
2436 N Federal Hwy, STE 205
Lighthouse Point, FL 33064-6854

PHONE 608-843-4648
EMAIL Matt@AMP-Florida.com
WEB AMP-Florida.com

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Submission Date:	
Association:	
Property:	
Owner(s):	
Owner Email(s):	
Owner Phone Number(s):	
Description of Modification(s):	

QUESTIONS:

1. How long do you expect work to take from the time you start until completion?	
2. Do you agree to abide by all terms and conditions as set forth in the Documents here?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. What type of value do you believe this will bring to your home / the Association?	
4. Do you understand that any improvement(s) made without a Permit and Notice of Commencement are not required to be considered by an Appraiser in estimating the value of your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you understand that any contractor(s) performing work MUST have in-place at all times for all employees Worker's Compensation Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you understand that any contractor(s) performing work MUST have in-place at all times a General Liability Insurance Policy of at least ONE MILLION AND NO/100 (\$1,000,000.00) Dollars?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Do you understand that although the Association is granting this approval, the Association and its insurer(s) have NO LIABILITY for anything now – or in the future – that may result in damage(s) to your Property or adjacent property(ies) as a result of the improvement(s) you are making?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Do you understand that as the Property Owner if you make these modifications on your own instead of using the contractor(s) you indicated that you shall bear the full responsibility for any future damage(s) that may occur to your Property and/or adjacent property(ies) including Common Area(s) of the Association?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE OF

OWNER(s): _____ DATE: _____

**SUBMIT THIS FORM TO: Matt@AMP-Florida.com or via USPS to:
2436 N FEDERAL HWY, STE 205, LIGHTHOUSE POINT, FL 33064-6854**



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FINAL SUBMISSION CHECKLIST

- ☐ Questionnaire (*Page 2 of this form // must be signed*)
- ☐ Map of areas of property to be changed indicating changes
- ☐ Photo of materials being installed
- ☐ Photo of area (as it currently exists)
- ☐ Vendor — Contract (*No redactions or omissions*)
- ☐ Vendor — Name of licensee (*We will check with the DBPR*)
- ☐ Vendor — Evidence of Insurance Certificate > General Liability
- ☐ Vendor — Evidence of Insurance Certificate > Worker's Compensation or Waiver
- ☐ Permit — Copy of Permit Application Form
- ☐ Notice of Commencement — Copy of NOC Application Form (if necessary)

Unit Address:	
Owner Name:	
Owner Phone:	Receives text messages? <input type="checkbox"/> Yes; <input type="checkbox"/> No;
Owner Email:	



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