

# 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

Architectural Review Board Form

ASSOCIATION NAME : **COLONY COURTS II ASSOCIATION, INC.**

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

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

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

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

|                          | List Materials To Be Used:   | Type/Style: | Color |
|--------------------------|------------------------------|-------------|-------|
| Roof:                    |                              |             |       |
| Painting Exterior Walls: |                              |             |       |
| Fascia:                  |                              |             |       |
| Patio Screen Encl:       |                              |             |       |
| Privacy Fence:           |                              |             |       |
| Driveway/Walk:           |                              |             |       |
| Shutters:                | # of Shutters                |             |       |
| Windows/Doors:           | # of Windows:<br># of Doors: |             |       |
| 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 **COLONY COURTS II ASSOCIATION, INC.** from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **COLONY COURTS II ASSOCIATION, INC.** 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