

REQUEST FOR ARCHITECTURAL REVIEW

Ronola Apartments Condominium Association c/o JMA Community Management

Please only start projects after written approval is received.

Date _____

To: Association Management

Unit Owner _____ Unit # _____

Address _____

Phone # _____ EMAIL _____

Describe in detail the modification action being requested. **REQUIRED ATTACHMENTS: Photos, Drawing, Scope of Work**

Will this work be PERMITTED? YES _____ NO _____

I have read the Covenants and Restrictions of my Community Association and agree to abide by them. I understand and, in return for approval, I agree to be responsible for all losses caused to others as a result of these tasks, to comply with all local building codes or permits requirements, to complete the project according to the approved plans, and to keep sidewalks, streets, common area free of dirt, debris daily. I will be responsible for any cost associated with clean-up if the association is required.

Signature: _____ Date: _____

Contractor/Vendor Documentation and information is **REQUIRED** for all approvals.

Name of Company/Contractor _____

Address _____ Phone# _____

Copies of: _____ Certificate of Liability Insurance _____ Plan or Detail Sketch
_____ Workers Compensation Liability _____ Contractor's Scope of Work
_____ State of Florida Professional License
_____ Broward County Business Tax Receipt LBTR

Notice of Acceptance and Product Specifications may be **Required** for Windows, Exterior Doors, and Storm Shutters. **These items may require a Notice of Commencement from the Building Department.**

ASSOCIATION and Management Company MUST Be Listed as Certificate Holder.

Ronola Apartments Condominium Association
JMA COMMUNITY MANAGEMENT

DO NOT SUBMIT AN APPLICATION UNLESS **ALL** INFORMATION REQUESTED IS INCLUDED