



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

REQUIREMENTS FOR SUBMISSION OF ARB FORMS

(Work cannot be started until you receive a signed copy of the approved ARB form)

OWNER INFORMATION:

- Complete ARB form – Fill in each box indicating colors, materials and proposed work
- Indemnity Letter (**Notarized**)

CONTRACTOR INFORMATION:

- A copy of the Contract (does not have to show the price)
- A copy of the Contractor's Insurance
- Workers Comp or Workers Comp Exemption
- A copy of the Contractor's License
- A picture of the items that will be installed (Windows, doors, flooring., etc.)
- A copy of the floor plan indicating where and what the improvements are (If applicable)

The submittal must include one (1) copy of all of the above information to be accepted for review.

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

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

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