ARCHITECTURAL CHANGE APPLICATION C/O J & L PROPERTY MGMT

10191 W SAMPLE RD STE #203

REQUIREMENTS FOR SUBMISSION OF ARB FORMS

- Work cannot be started until you receive back the architectural form signed and approved.
- If you are doing the work yourself, put "Homeowner" next to "Contractor Name" on the <u>Architectural Change Application</u>. Only submit documents 1-3 that are listed below.
- Include one (1) copy of the documents listed below **WITH** your architectural request or it may not be accepted if it's incomplete.
- The unit owner is responsible for obtaining necessary permits required from the City.
- The unit owner is responsible for any and all damages to Association property and any utilities, including sewer, water, cable, electric and telephone.
- The unit owner must remove all debris off Association property from the work that is being done.
- Other conditions may be applicable and may be determined or stipulated on an individual basis.

DOCUMENTS LISTED BELOW MUST BE SUBMITTED BACK WITH YOUR REQUEST:

- 1. Complete ARB form Fill in each box indicating colors, materials and proposed work
- 2. A picture of the item/material that will be installed or used for your request (Windows, doors, paint samples, etc.)
- 3. A copy of the property Survey or a Site Plan indicating where and what the improvements are (If applicable)
- 4. A copy of the Contractor's License
- 5. A copy of the Contract detailing the work (does not have to show the price)
- 6. A copy of the Contractor's Insurance Certificate & Workers Comp Certificate or Exemption form. Certificates must be made out to your Association as follows:

CYPRESS BEND CONDO IV ASSOC., INC.

c/o J & L Property Mgmt 10191 W Sample Rd Ste 203 Coral Springs, FL 33065

Documents can be returned to J&L Property Management via Email or Mail

Email: Arcrequests@jlpropertymgmt.com

Mail: J&L Property Mgmt

10191 W Sample Rd Ste 203 Coral Springs FL 33065

CYPRESS BEND CONDOMINIUM IV ASSOCIATION INC

c/o J& L Property Management, Inc. 10191 W Sample Road, Suite 203 Coral Springs, FL 33065 Phone: (954) 753-7966 Fax: (954) 753-1210 Arcrequests@jlpropertymgmt.com

ARCHITECTURAL CHANGE REQUEST FORM

Unit Owner Name:	BLDG#	#: UNIT#:
Owner Phone Number:		
Additional Information if needed:		
Contractor:	License #:	
Business Address:	Phone #:	
common is flooring, the underlay be verified as properly installed	by the Association via thing the PRIOR TO ANY WOR sed: June 18, 2020 for further and soundproofing Windows, Screen Door puire this form. If you ar	is form with proof of Contractor RK BEING PERFORMED. Further clarification. The most g, whether Tile or Laminate must rs, and Landscaping are several re in doubt, contact
strict regarding changes that do		v
ARCHITECTUAL CHANGE REQ Material/Type/Color:		
Owner Signature & Date Requested: _		
**********	*******	*********
The Change Requested Has Been: AF	PPROVED	_DENIED
Approval Comments/Conditions:		
Authorized Board, Management or	Maintenance Signature	Date
Authorized Doard, Management or	Maintenance Signature	Date
Print Name		
Print Name		

POST APPROVAL ON KITCHEN WINDOW DURING WORK