

ARCHITECTURAL REVIEW BOARD FORM REQUIREMENTS & INSTRUCTIONS

C/O J&L Property Management, Inc
10191 W. Sample Rd. #203
Coral Springs, FL 33065
Office: (954) 753-7966 Fax: (954) 753-1210
www.jlpropertymgmt.com

INSTRUCTIONS/REQUIREMENTS FOR SUBMISSION OF ARB FORMS:

- **Work cannot be started until you receive back the architectural form signed and approved by the Board of Directors.**
- If you are doing the work yourself, put “Homeowner” next to “Contractor Name” on the Architectural Review Board Form and submit documents 1-4 from the required document list below.
- Include one (1) copy of the documents listed below **WITH** your architectural request as required. Incomplete applications will not be processed for review/approval.
- Approval is conditioned upon all applicable governmental permits or approvals obtained by the applicant prior to commencement of the work and final inspection after work is completed.
- The owner/applicant is responsible for any and all damages caused to Association property, common area, easements, and any utilities, including but not limited to, sewer, water, cable, electric, telephone, etc.
- The owner/applicant must remove all debris off Association property from the work that is being done. The common areas of the community are not to be used as a storage/staging area for materials to be used for the work being requested.
- Other conditions may be applicable and may be determined or stipulated on an individual basis.
- All work must be completed within 90 days of the date of approval. It is the homeowner’s responsibility to notify the management company when the work has been completed.

I/We understand and agree to comply with the instructions provided above and will fill out, sign, and submit all required pages of the Architectural Request Form to management with all other required documents listed below.



_____	_____	_____
Homeowner Name (Print)	Homeowner Signature	Date

DOCUMENTS LISTED BELOW MUST BE SUBMITTED BACK WITH YOUR REQUEST:

1. Filled out/Signed ARB form – Must indicate colors, materials, styles, shapes, sizes, etc., for ALL proposed work
2. Indemnity Letter – MUST BE NOTARIZED
3. A picture of the item/material that will be installed or used for your request (Windows, doors, paint samples, etc.)
4. A copy of the property Survey or a Site Plan indicating where and what the improvements are
5. A copy of the Contractor’s License
6. A copy of the Contract detailing the work (does not have to show the price)
7. A copy of the Contractor’s General Liability Insurance Certificate & Workers Comp Certificate or Exemption form. The General Liability Certificate and Workers Comp Certificate must be made out to your Association as follows:

SANDALFOOT COVE ONE HOA, INC.
c/o J&L Property Management, Inc.
10191 W. Sample Rd. #203
Coral Springs, FL 33065

The complete ARB packet can be submitted for review via email to JLadmin@jlpropertymgmt.com. It can also be mailed or dropped off to management at the Coral Springs address shown above.

Approval or denial will be given within (30) days after a complete ARB packet is received.

Architectural Review Board Form

ASSOCIATION NAME: **SANDALFOOT COVE ONE HOA, INC.**

Homeowner Name: _____ Email: _____

Property Address: _____ Phone #: _____

Contractor Name: _____ License #: _____

Address: _____ Phone #: _____

	List Materials To Be Used:	Type/Style:	Color
Roof:			
Painting:			
Fascia:			
Patio Screen Encl:			
Privacy Fence:			
Driveway/Walk:			
Shutters:	# of Shutters		
Windows/Doors:	# of Windows:	Windows:	Windows:
	# of Doors:	Door(s):	Door(s):
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: _____

Board Signature

Date

SANDALFOOT COVE ONE HOA, INC.

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ARCHITECTURAL REVIEW BOARD FORM INDEMNITY LETTER

I, the undersigned, agree to indemnify and hold harmless **SANDALFOOT COVE ONE HOA, INC.**, from any and all liability, defense costs, including attorney fees, and all other fees incidental to defense, loss or damage that **SANDALFOOT COVE ONE HOA, INC.**, may suffer as a result of claims, demands, costs or judgments against it, arising from the work at the property address referenced below.

Owner First & Last Name (Print Clearly)

Property Address

Owner Signature

Date

ACKNOWLEDGEMENT

STATE OF FLORIDA,
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 202____, by _____ as _____ of the Property Address referenced above who is personally known to me or who produced _____ as identification.

Notary Public Seal:

Notary Public Signature

Notary Public Printed Name