

## ARCHITECTURAL CHANGE APPLICATION

c/o Elite Property Management LLC  
1515 N Federal Hwy, Ste 300  
Boca Raton, FL 33432  
www.elitepropmgt.com

### 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 Architectural Change Application. Only submit documents 1-4 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.
- Please note: If you are part of a Master Association, you will be required to obtain approval from them as well prior to starting any work.

### 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. Indemnity Letter - 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 (If applicable)
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:

#### **RANCHETTE SQUARE HOMEOWNERS ASSN, INC.**

**c/o Elite Property Management LLC**

**1515 N Federal Hwy, Ste 300**

**Boca Raton, FL 33432**

Documents can be returned to Elite Property Management via email, mail, or dropped off to our office. Below is the information for your records.

**Email:** [fabiola@elitepropmgt.com](mailto:fabiola@elitepropmgt.com)

**Mail:** Elite Property Management LLC, 1515 N Federal Hwy, Ste 300, Boca Raton, FL 33432

# ARCHITECTURAL REQUEST APPLICATION

## RANCHETTE SQUARE HOMEOWNERS ASSN, INC.

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

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

Contractors Name: \_\_\_\_\_ Contractors Phone #: \_\_\_\_\_

**PLEASE FILL IN THE BOX(ES) BELOW NEXT TO THE WORK YOU ARE REQUESTING APPROVAL FOR. INCLUDE MATERIALS BEING USED AND LOCATION OF WHERE THE WORK IS BEING DONE. IF THE JOB TYPE IS NOT LISTED, USE THE "OTHER REQUEST" BOX.**

JOB TYPE	BRIEF DESCRIPTION OF WORK BEING DONE, MATERIALS BEING USED AND LOCATION
Flooring	
Electrical	
Plumbing	
Air Conditioner	
Water Heater	
Screen Patio	
Windows # of Windows: Style: Frame Color: Tint Color:	
Exterior Doors # of Doors: Style: Color:	
Wall(s) or Ceilings	
Bathroom Renovations	
Kitchen Renovations	
Fencing	
Paving / Hardscaping	
Other Request	

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**BELOW IS FOR OFFICE USE ONLY**

The Architectural Request for improvements on the owner/property referenced above have been reviewed by the Association Board of Directors and have been: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Board Member / Property Manager Signature

\_\_\_\_\_

Date of Approval

# INDEMNITY LETTER

\_\_\_\_\_  
(Unit Owner Name)

Date: \_\_\_\_\_

To Whom It May Concern:

I, the undersigned, agree to indemnify and hold harmless **RANCHETTE SQUARE HOMEOWNERS ASSN, INC.**, from any and all liability, defense costs, including attorney fees and all other fees incidental to defense, loss or damage **RANCHETTE SQUARE HOMEOWNERS ASSN, INC.** 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