

# ARCHITECTURAL CHANGE APPLICATION

c/o Accounting Edge and Management, Inc  
12538 W Atlantic Blvd  
Coral Springs, FL 33071  
Office (954) 350-0725 | Email: Contactus@acctedge.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 “Owner” next to “Contractor Name” on the Architectural Change Application.
- 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 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:

**CYPRESS PARK CONDOMINIUM ASSOCIATION, INC**  
c/o Accounting Edge and Management, Inc  
12538 W Atlantic Blvd  
Coral Springs, FL 33071

**Documents can be returned to Accounting Edge and Management, Inc, via Email, mail or dropped off to our office. Below is the information for your records.**

**Email:** contactus@prismcommunitymanagement.com

**Mail:** c/o Accounting Edge and Management, Inc  
12538 W Atlantic Blvd  
Coral Springs, FL 33071

# Board of Directors and/or Architectural Review Committee

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ASSOCIATION NAME: **CYPRESS PARK CONDOMINUM ASSOCIATION, INC.**

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

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

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Contractor Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Doors            | <input type="checkbox"/> AC Replacement | <input type="checkbox"/> Bathroom Remodel |
| <input type="checkbox"/> Windows          | <input type="checkbox"/> Water Heater   | <input type="checkbox"/> Kitchen Remodel  |
| <input type="checkbox"/> Shutters         | <input type="checkbox"/> Plumbing       | <input type="checkbox"/> Wall Removal     |
| <input type="checkbox"/> Landscape        | <input type="checkbox"/> Cabinets       | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Awning           | <input type="checkbox"/> Electrical     |   |
| <input type="checkbox"/> Screen Enclosure | <input type="checkbox"/> Flooring       |   |

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Board /Committee Member

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**Current Date**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Name and Address of Agency	<b>CONTACT NAME:</b> Agency Contact Person <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> Agency Contact Email
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> _____	
<b>INSURER B :</b> Show insurance carrier name	
<b>INSURER C :</b> for each coverage listed on	
<b>INSURER D :</b> certificate - must be rated A-	
<b>INSURER E :</b> VII by A.M. Best	
<b>INSURER F :</b> _____	

**COVERAGES** **CERTIFICATE NUMBER:** \_\_\_\_\_ **REVISION NUMBER:** \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b>	<b>X</b>	<b>X</b>	<b>Policy #</b>	<b>Eff Date</b>	<b>Exp Date</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> LOC OTHER: _____						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>	<b>X</b>	<b>Policy #</b>	<b>Eff Date</b>	<b>Exp Date</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE	<b>X</b>	<b>X</b>	<b>Policy #</b>	<b>Eff Date</b>	<b>Exp Date</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	DED _____ RETENTION \$ _____						AGGREGATE \$ <b>1,000,000</b>
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	<b>N/A</b>	<b>X</b>	<b>Policy #</b>	<b>Eff Date</b>	<b>Exp Date</b>	<input checked="" type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTHER</b>
	E.L. EACH ACCIDENT \$ <b>1,000,000</b>						
	E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>						
<b>E</b>	<b>PROFESSIONAL LIABILITY</b> **(Deductible/Retention no higher than \$25K)**	<b>X</b>	<b>X</b>	<b>Policy #</b>	<b>Eff Date</b>	<b>Exp Date</b>	EACH CLAIM/AGGREGATE: \$ <b>1,000,000/1,000,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**Project Name and Location:**  
 'CERT HOLDER' is named as additional insured, on a primary and non-contributory basis, with regard to Business Auto and to General Liability, including products and completed operations. Waiver of Subrogation applies in favor of the additional insured with regard to General Liability, Business Auto, and Workers Compensation. 30 days notice of cancellation applies to all policies, with 10 days notice for non-payment. \*\*CG 20 10 (11/85) OR CG 2010 (10/01) AND CG 20 37 (10/01) or equivalent are the required GL forms\*\*

<b>CERTIFICATE HOLDER</b>  CYPRESS PARK CONDOMINIUM ASSOCIATION, INC c/o Accounting Edge and Management 12538 W Atlantic Blvd Coral Springs, FL 330714	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Signature of Agent
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