

Normandy J Association, Inc.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

ARCHITECTURAL REQUEST FORM (ARC) NSTRUCTIONS:

Please be sure the following items are complete before returning your Architectural Request Form:

- 1) Complete description of the product being installed and the color of the product on the form.
- 2) Copy of the Contractor's License for the company doing the work.
- 3) Copy of the Liability Insurance for the company doing the work.
- 4) Copy of the Workman's Compensation Insurance for the company doing the work.
- 5) Signature on form for the customer requesting the work to be performed.
- 6) Signature on form for the Representative of the company doing the work.
- 7) A Certificate of Insurance from the contractor/company completing the work with the following listed as the Certificate Holder:

Normandy J Association, Inc.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33484

- 8) Copy of appropriate permit from appropriate City or Palm Beach County.
- 9) **A \$750.00 refundable security deposit is required for all work approved on this ARC form. The check should be made payable to Normandy J Association. This deposit is to cover any expenses incurred by the Association to repair damages done by the owner's contractor to the common elements. The security deposit will be refunded upon completion of work by owner's contractor and inspection by Wilson Management (less any monies needed due to damages).**

Please be sure the form is complete in its entirety, including Board approval signature, before the work is begun.

Normandy J Association, Inc.
Architectural Request Form (ARC Form)

Date: _____
Unit Owner: _____
Address: _____

To be completed by Unit Owner:

Product to be installed:	Color of product:
_____	_____
_____	_____
_____	_____
_____	_____

To be completed by Company Representative completing the work:

All necessary permits will be pulled from the County or City by the company and all products will be up to current code. The company is also **Licensed and Insured** to work in Palm Beach County, Florida.

Company authorized signature: _____

Date: _____

Notes: _____

Customer Signature: _____

Association Representative Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____