

**ARBORWOOD VILLAS HOMEOWNERS ASSOCIATION
APPLICATION FOR REVIEW BY
THE ARCHITECTURAL CONTROL COMMITTEE (ACC)**

Name: _____ **Date:** _____

Address: _____

Day Phone: _____ **Evening Phone:** _____

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as described below, or on additional attached pages as necessary. Please include such details as dimensions, materials, color, design, location and any other pertinent data. Use photography and/or samples as may be helpful. Be as specific as possible.

Description _____

Name of Contractor _____

I understand and agree to the following:

1. If the modification is not completed as approved by the data listed below, the HOA may revoke the approval and, at the homeowners expense, cause the streetscape and common areas to be returned to their original finished appearance and to remove any objectionable work in progress.
2. I hereby indemnify and hold the HOA harmless from any and all liability arising from this work or installation. I am responsible to pay for and repair any damage done to the common areas arising from this work or installation.
3. To comply with all applicable state, county, or city building codes, and to obtain all necessary permits.
4. To abide by the decision of the ACC, or the Board of Directors.
5. That if the modification is not approved, or does not comply, I/We may be subject to court action by the Association: and, that I/We shall be responsible for all reasonable attorneys' fees.

The Arborwood Villas ACC does not, in any way, assume responsibility for compliance with any or all governmental laws, regulations or code ordinances.

HOMEOWNER AFFIDAVIT: *I have read the Arborwood Villa covenant restrictions and am familiar with same. No work will be commenced without the approval of the Architectural Control Committee/*

Date of Request: _____ **Signature of Homeowner:** _____

FOR ASSOCIATION USE ONLY

ALL APPROVALS CONTINGENT ON HOMEOWNER COMPLYING WITH ALL APPLICABLE STATE, COUNTY OR CITY BUILDING CODES AND OBTAINING PERMITS.

- Approved by H.O.A.
- Preliminary approval subject to review
- Insufficient information submitted - - resubmit
- Not Approved (noted)

Signed: _____ **Date:** _____

c/o ASKEA Property Management Group, Inc. *299 W. Camino Gardens Blvd. #203, Boca Raton, Fl. 33432
Office (561) 245-4444* Facsimile (561) 245-4447