

NOVA GARDENS CONDO

ARCHITECTURAL REVIEW BOARD APPLICATION

NAME: _____

ADDRESS: _____ LOT: _____

PHONE: HOME: _____ CELL: _____ OTHER: _____

RETURN TO WEST BROWARD COMMUNITY MANAGEMENT, INC

820 SOUTH STATE ROAD 7 PLANTATION, FL 33317

FAX: (954) 581-8438

INFO@WBMANAGE.COM

Approval is hereby requested to make the following modification, alteration, or addition to my home or lot. In making this request, I hereby acknowledge and agree that the Association has the exclusive right, in its sole discretion, to repair or remedy any damage to the common areas caused by me, my contractor(s) or permittees and that I am directly liable to the Association for any such damage. I also agree to repair any damages to my neighbors' properties, including, but not limited to, restoring established drainage patterns as a result of this work. I further agree to promptly restore all damaged areas to my home or lot to their original condition. I agree to obtain all required permits and licenses, not to encroach upon any easements, and to adhere to all ordinances, laws, codes, restrictions and rules and regulations of the Town of Davie, Broward County, and the Association, except as to variances that are specifically requested below and approved. As a condition precedent to granting approval of any request, I assume sole responsibility for the repair, maintenance or replacement of any change, alteration, or addition, and that this is binding upon my heirs, successors and assignees. The Association expressly reserves the right to revoke approval of this Application at any time and require that the modification, alteration or addition be changed, repaired, removed or undone at the applicant's sole expense if the Association determines in its sole discretion that the modification, alteration or addition does not meet the aesthetic or quality standards of the Association. I agree to pay all invoices for the Association's repair, remedial work or removal of the modification, alteration or addition, and any repair of any common area damage within ten (10) days of its receipt of the Association may impose an assessment against my lot and avail itself of all other additional remedies. For the good and valuable consideration, the receipt of which is hereby acknowledged, I agree that the Association, its Officers and Directors and the Management Company and its Employees and Agents shall be held harmless and released from any and all liability related in any way to the change, alteration or addition and any damages resulting therefrom, whether known or unknown, and that I shall indemnify and hold them harmless for all losses, costs, expenses and Attorney's fees related thereto. In addition, I irrevocably covenant to refrain from, directly or indirectly, asserting any claim or demand, or commencing, instituting or causing to be commenced, any proceeding of any kind against the Association, its Officers, Directors and the Management Company and its Employees and Agents, based upon any matter which relates in any way to this Application.

The above is agreed to and accepted by owner: Signed: _____ Date: _____

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State the modification, alteration or addition on the lines below or attach additional paper.

ALL APPLICATIONS MUST BE SUBMITTED WITH PROOF OF CONTRACTOR(S)
FLORIDA BUSINESS LICENSE AND INSURANCE AND SUBMITTED TO WEST
BROWARD COMMUNITY MANAGEMENT FOR PROCESSING.

The following is to be completed by the Board of Directors of the Nova Gardens Condo.

Comments:

On behalf of the Board of Directors, this request has been reviewed and is **Approved / Denied**

_____	_____	_____
Board Member Name (Print)	Board Member Signature	Date