The Meadows Maintenance Association, Inc.
Architectural Review Board Application Form

From: Name: _____

Address: _____

Phones Home: _____ Work: _____ Fax: _____

Association: _____Lot:_____ Block: _____

RETURN TO CASTLE MANAGEMENT, INC.
12270 SW 3rd St. Suite #200, Plantation, FL 33325
Fax: (954)792-7849

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 neighbor's 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, restrictions and rules and regulations of the governing County and City, 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 with 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 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 TO 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 FROM ALL LOSSES, COSTS, EXPENSES AND ATTORNEY'S FEES RELATED THERETO. IN ADDITION I IRREVOCABLY COVENANT TO REFRAIN FROM, DIRECTLY AND 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.

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

THE ABOVE IS AGREED TO & ACCEPTED BY OWNER: Signed: _____
Owner and Applicant

Date Application was received: _____

ARCHITECTUAL REVIEW COMMITTEE of the _____Maintenance Association, Inc.

_____ **APPROVED**- Work must be completed within _____ days. (Approved expires in 90 days if left blank.)
_____ **DENIED**
_____ **INADEQUATE INFORMATION PROVIDED**. Date Returned to Applicant _____

We are unable to process you application without the following: _____

Please resubmit your application with this information: _____

On behalf of the Board of Directors:

_____ Date: _____
Authorized Signature

Comments: _____

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