

**NOVA GROVE HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW APPLICATION**

PLEASE COMPLETE AND RETURN THIS FORM FOR APPROVAL PRIOR TO COMMENCEMENT OF ANY WORK

MAIL TO: NOVA GROVE HOMEOWNERS ASSOCIATION INC.
C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD • SUITE 515 • ORLANDO, FLORIDA 32839
PHONE: 407-455-5950 FAX: 407-903-9234

PROPERTY OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ EMAIL: _____

- **PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS**
- **ATTACH PAINT / COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION**
- **ALL NECESSARY GOVERNMENTAL PERMITS REQUIRED ARE A CONDITION OF APPROVAL**
- **ALL APPROVALS ARE SUBJECT TO INSTALLATION CONFORMING TO ASSOCIATION DOCUMENTS**

DESCRIBE THE ADDITION, CHANGE OR INSTALLATION TO BE REVIEWED BY THE ARCHITECTURAL REVIEW BOARD:

SWIMMING POOL LANDSCAPING FENCE (FENCE POSTS MUST FACE INWARD)
6 FOOT - VINYL WOOD

SCREENING

EXTERIOR COLORS BASE _____ TRIM _____ GARAGE/DOORS _____
PLEASE PROVIDE PAINT NUMBERS AND SAMPLES

OTHER _____

PLEASE DESCRIBE _____

OWNER SIGNATURE

FOR USE BY ARCHITECTURAL REVIEW BOARD

DATE RECEIVED _____ DATE TO ARB _____ DATE TO HOMEOWNER _____

THE ARB'S DECISION ON THE PLANS SUBMITTED IS AS FOLLOWS, SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM:

APPROVED (MUST CONFORM TO ASSOCIATION COVENANTS & RESTRICTIONS)
(*ALL APPROVALS VALID FOR 6 MONTHS FROM APPROVED DATE BELOW)

PLANS INCOMPLETE, INFORMATION REQUESTED _____

APPROVED WITH THE FOLLOWING CONDITION _____

REJECTED. REASON _____

*PLEASE RESUBMIT PLANS TO THE ARB WITH FOURTEEN (14) DAYS OF RECEIPT OF THIS NOTICE.
WORK MAY NOT COMMENCE UNTIL THE ARB HAS RENDERED A WRITTEN APPROVAL.
THANK YOU FOR YOUR COOPERATION.*

BY: _____

DATE: _____

NOVA GROVE HOMEOWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW BOARD