

**WATERFORD PATIO HOMEOWNERS ASSOCIATION**  
**Mailing Address: 15010 S. WATERFORD DRIVE, DAVIE, FL 33331**  
**EMAIL: [waterfordpatio@gmail.com](mailto:waterfordpatio@gmail.com)**

**ARCHITECTURAL APPROVAL FORM**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOT#: \_\_\_\_\_

DESCRIPTION OF MODIFICATION/CHANGE/IMPROVEMENT:

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HOMEOWNER: ALL PERMITS MUST BE ISSUED BY THE TOWN OF DAVIE AND SUBJECT TO ALL APPLICABLE BUILDING/ZONING REGULATIONS AND APPROVALS. THIS COMPLETED APPROVAL FORM MUST BE TAKEN TO TOWN OF DAVIE AND PRESENTED TO THE BUILDING AND ZONING DEPARTMENT TO APPLY FOR PERMIT. A COPY OF THIS FORM MUST BE POSTED IN A MANNER WITH ALL PERMITS, READY FOR INSPECTION, BY THE TOWN OF DAVIE AND THE WPHOA BOARD.

HOMEOWNER AGREEMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH COPIES OF ANY PLANS/DRAWINGS/ETC TO THIS FORM**  
**NOTE: THIS APPROVAL FORM IS VALID FOR 90 DAYS AFTER BOARD APPROVAL**

THIS APPROVAL FORM MUST HAVE THE WPHOA SEAL AND SIGNATURES OF AT LEAST THREE (3) BOARD MEMBERS AND HOMEOWNER.  
THIS FORM WILL SERVE AS APPROVAL FOR THE BOARD OF DIRECTORS FOR THE PROPOSED CHANGES AND/OR IMPROVEMENTS.

**APPROVAL:**

**DATE:**

PRESIDENT: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

TREASURER: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_