

ADMIRALTY CONDOMINIUM ASSOCIATION

C/o Watson Association Management
1648 SE Port Saint Lucie Blvd
Port St. Lucie, Florida 34952
Telephone: 772-871-0004~772-871-0005 FAX

OFFICE USE ONLY:

REQ #: _____
LOT/BLDG: _____
REC'D BY: _____
DATE: _____

REQUEST FOR ARCHITECTURAL COMMITTEE REVIEWDocument Checklist

____ Survey/Plot Plan
____ Building Plans
____ Elevations
____ Details
____ Specifications
____ Permit
____ Photos
____ Other

Request Form

Date _____
Mr. /Mrs. _____
Address _____
Phone _____
Other Address _____
Other Phone _____

Brief description of addition, alteration, improvement, etc.:

IF WORK NOT DONE WITHIN 30 DAYS FORM MUST BE RESUBMITTED

Contractor: _____
Address: _____

Cert. of Insurance: _____
Occupation Lic#: _____
Cert. of Competency# _____

OWNER'S AFFIDAVIT:

I have read the covenants of my Association and agree to abide by such covenants and restrictions. No work will be commenced without approval of my Association.

Signed

Dated

FOR ASSOCIATION USE ONLY:

____ Approved by Board of Directors ____ Preliminary approval subject to review
____ Insufficient information submitted – RESUBMIT
____ Not approved (as noted)

Association Agent: _____ Date: _____