ADMIRALTY CONDOMINUM ASSOCIATION
C/o Watson Association Management
430 NW Lake Whitney Place
Port St. Lucie, Florida 34986
Telephone: 772-871-0004~772-871-0005 FAX

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

REQUEST FOR ARCHITECTURAL COMMITTEE REVIEW

Document 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: _____