COCONUT COVE MARINA HOMEOWNERS, INC.

c/o Watson Association Management 1648 SE Port St Lucie Blvd., Port St. Lucie, Florida 34952 Office: (772) 871-0004 • Fax: (772) 871-0005

ARCHITECTURAL REVIEW REQUEST FORM

Property Ov	vner(s)			
Brief desc	ription of improvement:			
Anticipated	Starting Date:	Completion Date:		
	-	f Plans and specification shall be pro		
-	• •	the improvement, alteration or modi		ilig:
b. A site plan depicting the exact location of the improvement, alteration or medication with reference to				e Unit
		property, and the streets nearest to t		
С.	Data as to the types of materials t	to be used in, including color and tex	cture of all exteriors of the	
	proposed improvement, alteration			
d.	improvement			
e.		provement, alteration or modification		ı of
PLEASE APPROVA	NOTE: ONLY ONE COPY OF TH	improvements on the Property and the HESE ITEMS WILL BE RETURNED		AFTER
WITHOU	THE WRITTEN CONSENT OF T	THE ARCHITECURAL REVIEW BOA ETERMINED AND STIPULATED O		BE APPLICABLE.
If a contra	ctor is being retained for your imp	provement, please provide the follow	wing information.	
	CON	TRACTOR INFORMATION		
Name		Phone		
Address_				
		ies of contractor license(s) and i		
contractor may work on the property that is not licensed and insured. A building permitif required and approved by the city is the responsibility of the owner; a copy of the permit				
must be provided to the Property Manager before work may begin. Approvals are contingent upon the above conditions.				
continge	The above conditions.			
		ACKNOWLEDGEMENT	Г	
condition ALL PERM modificat communi	on, for the architectural changes s stipulated herein prior to obtain MITS REQUIRED prior to the com- cions to limited common property ty standard in such upkeep. If I to the new owner or I will conve	hereby make application for appr s noted above, and if said approv ining a building permit from Fort mencement of construction. I ac ty are my ongoing maintenance ro I transfer title to my unit, the res ert limited common property to o	al is granted, I agree to comply Pierce, Florida. I also hereby a cknowledge that all improveme esponsibility and that I will addressibility for the improvement riginal condition.	y with the gree to obtain nts and or nere to the
	coco	ONUT COVE MARINA HOMEO	WNERS, INC.	
Initials o	f ARB members:			
Approved	l by:			
	ARB Chairperson		Date	

PLEASE NOTE: Approval is only good for ninety (90) days from the date approved.