SOUTH PANTHER TRACE AT SAWGRASS LAKES HOA, INC.

C/O Watson Association Management 430 NW Lake Whitney Place, Port St. Lucie, FL 34986 paminfo@WatsonAssociationManagement.com 772-871-0004 ~ Fax 772-871-0005

APPLICATION FOR ALTERATIONS

DATE:	
OWNER NAME:	PHONE :
ADDRESS:	LOT#:
EMAIL:	
DESCRIBE IN DETAIL,	TYPE OF ALTERATION AND MATERIALS TO BE USED:
MUST BE ACCOMPANAND TYPE OF CONSCHANGES WILL BE L	approval of any alteration which occurs outside the exterior walls of the building, NIED BY THE FOLLOWING: A. SKETCH INDICATING LOCATION, SIZE STRUCTION; A COPY OF YOUR SURVEY SHOWING WHERE THE OCATED, AND OTHER PERTINENT INFORMATION. ALSO ATTACH A NTRACTORS LICENSE, INSURANCE CERTIFICATE (LIABILITY & CERTIFICATE)
building permit from the	is not to be construed to cover approval of any County Code requirements. A St. Lucie County Building Department is needed on most property alterations or any alterations may not encroach onto any existing easements.
basic structure that the apprepair, maintenance or repethat the ASSOCIATION any action to repair, replair resulting there from for a OWNER ASSUMES ALISTS FUTURE UPKEEP P	o granting approval of any request for a change, alteration or addition to an existing oplicant, the heirs, and assigns thereto, hereby assume sole responsibility for the placement of any such change, alteration or addition. It is understood and agreed AND WATSON ASSOCIATION. MANAGEMENT are not required to take ace, or maintain any such approved change, alteration, or addition, or any damage any reason to the existing original structure, or any other property. THE UNIT L RESPONSIBILITY AND COSTS FOR ANY ADDITION OR CHANGE, AND PLUS ANY WORK THAT HAS TO BE DONE ON THE COMMON GROUNDS OF THIS ADDITION OR CHANGE.
AND LANDSCAPING A	LATIONS WILL REQUIRE THE HOMEOWNER TO MAINTAIN THE FENCE AROUND THE FENCE AS WELL AS INSIDE THE FENCE AREA. THIS IT BE DONE BY THE HOMEOWNER AT NO EXPENSE TO THE
Owner (s) Signature:	

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ACTION BY THE ASSO	OCIATION:	
DATE:	APPROVED	*NOT APPROVED
ASSOCIATION DIRECTOR		ASSOCIATION DIRECTOR
*NOTE: IF NOT APPR	OVED, THE FOLLO	WING IS THE REASON:
	WAIVER O	OF LIABILITY
which may increase the held against the ASSOC interest may appear," an	hazard of susceptibility IATION AND WATS d they shall be held h	all liability caused by or arising from any acta ty to loss on the described premises shall not be SON ASSOCIATION MANAGEMENT, "as their armless from any liability arising there from and and attorney's fees in connection with any such
DATE:		
	U.	NIT OWNER:
	U	NIT OWNER:
WITNESS:		
Please Return Form to:		Association Management Lake Whitney Place

Port St. Lucie, FL 34986