

ARCHITECTURAL REVIEW COMMITTEE  
REQUEST FOR APPROVAL FORM  
TOMPSON POINT HOMEOWNERS ASSOCIATION

DATE \_\_\_\_\_

OWNERS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

WHAT IS THIS: \_\_\_\_\_ NEW STRUCTURE  
\_\_\_\_\_ ADDITION  
\_\_\_\_\_ ALTERATION  
\_\_\_\_\_ IMPROVEMENT  
\_\_\_\_\_ DECORATION  
\_\_\_\_\_ OTHER

Please give DETAILED description of what you are requesting. YOUR DESCRIPTION SHOULD INCLUDE EXACT SIZE, COLOR, (SUBMIT SAMPLES), HEIGHT, AND LOCATION.

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**HOMEOWNER AFFIDAVIT**

I have read the covenants of the Tompson Point Homeowners Association and agree to abide by such covenants and restrictions. No work will commence without approval of the Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Watson Association Management  
430 NW Lake Whitney Place  
Port St. Lucie, FL 34986

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FOR ASSOCIATION USE ONLY

\_\_\_\_\_ Approved  
\_\_\_\_\_ Approved with conditions  
\_\_\_\_\_ Not Approved  
\_\_\_\_\_ Re-Submittal Needed. Insufficient Information Submitted

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