


Heron Crest
Community Association, Inc.

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

ARC MEETS 1ST SUNDAY OF EVERY MONTH

Date Received: _____

Property Owner: (Print) _____ Unit Address: _____

Phone: _____ Email: _____

_____ Landscape Plan

_____ Fence Plan and Detail (attach copy of plot plan with sketch to scale* showing fence location, proposed type, height, color, etc.)

_____ Pool Plan and Detail (attach copy of plot plan with sketch to scale* showing pool location, proposed screening, etc.)

_____ Gutter System (attach copy of plot plan with sketch to scale* showing location, material, color, etc.)

_____ Screen Room or Addition (attach copy of plot plan with sketch to scale* showing improvement, denoting materials to be used, color, etc.)

_____ Other (list details and attach copy of plan)

Name of Vendor doing the work: _____

Please include a copy of their Business license and Insurance with application.

*The Committee recommends and will accept a copy of your Boundary Survey Map with improvements. Please

Owner Signature: _____ Date: _____

From: Heron Crest Architectural Review Committee:

Your application is hereby () approved, () disapproved, subject to the following conditions:

Date: _____ ARC Signature: _____ ARC Signature: _____

Note: These plans have been reviewed for the limited purpose of determining the aesthetic Compatibility of the plans with the community in general in the subjective opinion of the approving authority. I also understand that the ARC does not review and assumes no responsibility for the structural adequacy, capacity or safety features of the proposed construction, alteration or addition; or for performance, workmanship, or quality of work of any contractor or of the completed alteration or description.

Return to the above address with pertinent information.