

ISLE OF VENICE NEIGHBORHOOD ASSOCIATION INC.
c/o Watson Association Management
 1648 SE Port St Lucie Blvd., Port St Lucie FL 34952
 T: 772-871-0004 F: 772-871-0005

**REQUEST FOR ARCHITECTURAL/PAINT COMMITTEE
 REVIEW**

CHECK LIST

Name(s): _____
 Address: _____

 Phone: _____

HOMEOWNER'S AFFADAVIT:
 I have read the covenants, rules, and regulations of
 Isle of Venice Neighborhood Association, Inc. and
 agree to abide by such covenants and restrictions.
 No work will be commenced without approval of
 the Association.

Signed: _____ **Date:** _____

- _____ SITE PLANS
- _____ BUILDING PLANS/ SKETCH
- _____ ELEVATIONS
- _____ HOUSEPAINT SAMPLE (#)
- _____ TRIM SAMPLE (#)
- _____ DRIVEWAY/WALKWAY
- _____ SAMPLE (#)
- _____ CONTRACTOR LICENSE
- _____ AND INSURANCE
- _____ OTHER

Description of proposed improvement: Attach All Documents Listed Above

Contractor Data:

Name: _____ Phone: _____
 Address: _____ Misc: _____

Please include a current copy of the contractor's license and insurance.

OWNER MUST FILL IN ABOVE PORTION COMPLETELY!!!

Administration: (For official use only)

- | | |
|---|--|
| <input type="checkbox"/> Committee Approval | <input type="checkbox"/> Approved as noted |
| <input type="checkbox"/> Insufficient information | <input type="checkbox"/> Not Approved |

Comments: _____

Committee signatures:

- | | | | |
|---|--------------|--------------------------|-------------------|
| Board of Directors Action: <input type="checkbox"/> | Approved | <input type="checkbox"/> | Approved as noted |
| <input type="checkbox"/> | Not Approved | <input type="checkbox"/> | Resubmit |