

ISLE OF VENICE NEIGHBORHOOD ASSOCIATION INC.

C/o Watson Association Management

430 NW Lake Whitney Place, Port St Lucie FL 34986

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)

- [] Committee Approval [] Approved as noted
[] Insufficient information [] Not Approved

Comments: _____

Committee signatures:

- Board of Directors Action: [] Approved [] Approved as noted
[] Not Approved [] Resubmit