

ISLE OF LOMBARDY HOMEOWNERS ASSOCIATION, INC.

c/o Watson Association Management
430 N.W. Lake Whitney Place, Port St. Lucie, FL 34986
TEL # (772) 871-0004 FAX # (772) 871-0005

Name of Applicant:_____ Date of Application:_____

Address:_____ Telephone Number:_____

City:_____ Work Number:_____

Address of Unit being considered:_____

DESCRIPTION OF ADDITION, CHANGE, MODIFICATION, ETC.

Submit One (1) copy of all proposed additions, changes, modifications, etc., which include color of materials, plans, drawings, location, name of the company, schedules to do the work and any and all pertinent information necessary for the Board of Directors and the St. Lucie County Building Dept, (if applicable to make an informed decision). **If all required information is not received with this completed application, the Board will automatically reject the application until all requested information is received.**

The Architectural Review Committee will review the application and submit it to the Board of Directors for signature within thirty (30) working days from receipt. Should you require any additional information, please contact the Association Management Company at (772) 871-0004, Monday through Friday.

Description:

THE UNDERSIGNED acknowledge that they have read this application and understand that approval is granted for the item(s) specified above and/or attached. The Owner(s) also understand that approval may take as long as thirty (30) working days, and UNTIL THE SIGNED APPROVAL IS RECEIVED, NO WORK IS TO BE STARTED.

*Applicant's signature:*_____

*This application is rejected/approved subject to the following conditions*_____

CONDITIONS OF APPROVAL 1) Any and all changes that are made to existing structures that may cause any damage, now becomes the homeowners responsibility to repair. 2) All work subject to final approval by St. Lucie County inspectors if applicable.

	Circle One	
	APPROVED	REJECTED
Architectural Committee_____		
Board Member_____		
Board Member_____		
Board Member_____		