

Outrigger Harbour Yacht Club Association, Inc.

Architectural Change Request Form

Please Type or Print All Information

Property Owner(s): _____

Slip #: _____

Telephone #: _____ Email: _____

Description of Work:

Please describe the type of Architectural change you are requesting. Please specify all materials and color.

Contractor Information: (Please attach a copy of Insurance)

Name: _____

License #: _____

Acknowledgement of Applicant

I UNDERSTAND THAT I MUST BE THE SLIP OWNER TO MAKE APPLICATION TO THE ASSOCIATION FOR AN ARCHITECTURAL CHANGE. I UNDERSTAND THAT APPLICATION DOES NOT GUARANTEE APPROVAL AND THAT ANY APPROVAL MUST BE RECEIVED, IN WRITING, PRIOR TO MAKING THE ALTERATION BEING REQUESTED. I UNDERSTAND THAT THE APPROVAL IS BASED UPON AESTHETICS AND COMMUNITY GUIDELINES. THE APPROVAL DOES NOT CERTIFY THE CONSTRUCTION, WORTHINESS OR STRUCTURAL INTEGRITY OF THE PROPOSED CHANGE. I FURTHER UNDERSTAND THAT IF I AM REQUIRED TO DIG THAT I, OR MY CONTRACTOR, MUST CONTACT THE APPROPRIATE UTILITIES PRIOR TO THE COMMENCEMENT OF WORK. I UNDERSTAND THAT ALL LOCAL BUILDING CODE AND SET BACK REQUIREMENTS MUST BE FOLLOWED AND ANY BUILDING PERMIT REQUIREMENT IS MY RESPONSIBILITY. I ALSO UNDERSTAND THAT I MAY NOT DEVIATE FROM THE PLANS SUBMITTED AND THAT ANY CHANGES MUST BE APPROVED BY THE ASSOCIATION. THE SLIP OWNER IS LIABLE FOR THE REPAIR OF ANY DAMAGE TO THE COMMON AREA BY THE VENDORS OR CONTRACTORS HIRED BY THE PROPERTY OWNER.

Signature of Property Owner: _____ Date: _____

Return to:

Watson Association Management
1648 SE Port St Lucie Blvd.
Port St. Lucie, FL 34952
772-871-0004 Fax 772-871-0005