Osprey Ridge Property Owners' Association

C/O Watson Association Management
1648 SE Port St Lucie Blvd., Port St. Lucie, FL 34952
772-871-0004 ~ 772-871-0005 FAX
paminfo@Watsonrealtycorp.com

Architectural Application

Date: _____ Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please provide **a detailed** description. Attach additional page if necessary:

_____
_____
_____
_____
_____
_____

Estimated completion date: _____
Work will be performed by: _____
***If a contractor/vendor (*anyone other than the homeowner*) is performing the work attach a copy of license and insurance to this application.

****Attach** a sketch or copy of plat showing modification location, size, color, relationship to house & property lines, etc.

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HOMEOWNER'S AFFIDAVIT

I have read the Community Standards for my Association and agree to abide by such restrictions while performing this work. No work will be commenced without the approval of my Association.

Signed: _____ Date: _____

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FOR COMMITTEE USE ONLY

_____ *Approved* _____ *Approved w/conditions* _____ *Disapproved*

Comments: _____
_____

Authorized Signature: _____ *Date:* _____