River Oaks at Ten Mile Creek, HOA

C/O Watson Association Management 1648 SE Port St Lucie Blvd. Port Saint Lucie, Florida 34952 (772) 871-0004 (772) 871-0005 Fax AshleyB@Watsonrealtycorp.com

ARCHITECTURAL APPLICATION

| Name | |
|-------|--|
| Addre | ess: |
| Home | e Phone #:Work #: |
| Signa | ess: |
| | ribe in detail the changes or modification for which you are requesting approval: |
| | |
| | Please complete and sign this form and attach the following information: |
| 1. | 1 2 |
| 2. | Copy of Contractor's or Homeowners sketch of work to be done. |
| 3. | Copy of Contractor's Occupational License. |
| 4. | Copy of Contractor's Liability Insurance |
| 5. | Copy of Contractor's Workers Compensation Insurance. |
| | Materials you may need to provide for the HOA to make a decision on your request include: |
| 1. | A picture, drawing or advertising materials displaying the items you are requesting for installation. |
| 2. | A sample of the type and texture of any building materials that may be used on the project. |
| 3. | Any other materials or information that may assist in HOA evaluation of the project. |
| | It is understood that the changes or modifications, which you are requesting may not: |
| 1. | Interfere with or obstruct any easements on your property or adjoining properties. |
| 2. | Damage landscaping on the common grounds of the community. |
| 3. | Cause a nuisance or interference with the peace and privacy of other residents in the community. |
| 4. | Be performed by unlicensed contractors. |
| 5. | Be performed without the required permits from all governmental agencies. |
| Yo | ou will be notified within thirty (30) business days (excluding weekends and federal holidays) of Architectural Review Board |
| ap | proval or disapproval of your request for change(s). |
| | ☐ APPROVED |
| | ☐ DISAPPROVED |
| | ☐ TABLED |
| | ☐ CONDITIONAL APPROVAL |
| | |
| | Comments: |
| | |
| | |
| | |
| Board | of Directors Authorized Signature: Date: |