

St. Andrews Townhomes & Villas

C/O Watson Association Management
430 NW Lake Whitney Place, Port St. Lucie, FL 34986
772-871-0004 ~ 772-871-0005 FAX
paminfo@Watsonrealtycorp.com

Architectural Control Board 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.

***Homeowner must submit a copy of the approved permit, if required by the City.

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

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: _____

FOR COMMITTEE USE ONLY

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

Comments: _____

Authorized Signature: _____ Date: _____