

ARCHITECTURAL CONTROL COMMITTEE  
REQUEST FOR APPROVAL FORM  
SABAL TRACE HOMEOWNERS ASSOCIATION

DATE: \_\_\_\_\_ OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

- \_\_\_\_\_ ADDITION
- \_\_\_\_\_ ALTERATION
- \_\_\_\_\_ IMPROVEMENT
- \_\_\_\_\_ DECORATION
- \_\_\_\_\_ OTHER

Please give DETAILED description of what you are requesting. YOUR DESCRIPTION SHOULD INCLUDE EXACT SIZE, COLOR, (SUBMIT SAMPLES), HEIGHT, AND LOCATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOMEOWNER AFFIDAVIT**

I have read the covenants of the Sabal Trace Homeowners Association and agree to abide by such covenants and restrictions. No work will commence without approval of the Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Watson Association Management  
430 NW Lake Whitney Place  
Port St. Lucie, FL 34986

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FOR ASSOCIATION USE ONLY

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Approved with conditions
- \_\_\_\_\_ Not Approved
- \_\_\_\_\_ Re-Submittal Needed. Insufficient Information Submitted