

# **Savanna Oaks Homeowners Association, Inc.**

c/o Watson Association Management  
430 NW Lake Whitney Place, Port Saint Lucie, FL 34986  
772-871-0004 ~ Fax 772-871-0005  
[paminfo@Watsonrealtycorp.com](mailto:paminfo@Watsonrealtycorp.com)

## **Architectural Change Request Form**

**Please Type or Print all information.**

Property Owner(s): \_\_\_\_\_ Block # \_\_\_\_\_ Lot #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work Cell email

Type of Change Sought	Application Checklist
<input type="checkbox"/> Landscape	<input type="checkbox"/> Signed and Dated
<input type="checkbox"/> Fence / Wall	<input type="checkbox"/> Survey with Sketch of Work Attached
<input type="checkbox"/> Painting	<input type="checkbox"/> Contractor License/Insurance Attached (If used)
<input type="checkbox"/> Structural	<input type="checkbox"/> Copy of Contractors Contract Attached (If used)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Common Area Deposit Enclosed (If applicable) *
	<input type="checkbox"/> ACC Fee Enclosed (If Applicable)

### **DESCRIPTION OF WORK TO BE DONE**

Please describe the type of architectural change you are seeking approval of. Please specify any Materials to be used and colors involved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ACKNOWLEDGEMENT OF APPLICANT**

I understand that I must be the property 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 alterations sought in this application. I understand that Architectural Approval is based upon the aesthetics of the proposed change and does not certify the construction worthiness or structural integrity of the proposed change. I further understand that if I am digging that I, or my contractor, must contact the appropriate utilities prior to digging. I understand that I must follow all local building codes and setback requirements when making a change and that a building permits may be required. I further understand that I may not deviate from the plans submitted and that any variation will require re-application.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Association Use Only**

Date Received by Association: _____	Control #: _____
Date Sent to Committee/Board: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Date Letter Sent to Owner: _____	

\* "Currently no security deposit is required prior to commencement of any improvements. The property owner is liable for the repair of any damage to the common area by the vendors or contractors the owner may hire."