

ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR APPROVAL FORM
TOMPSON POINT HOMEOWNERS ASSOCIATION

DATE _____

OWNERS _____

ADDRESS _____

PHONE # _____

WHAT IS THIS: _____ NEW STRUCTURE
_____ 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 Thompson Point 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
1648 SE Port St Lucie Blvd.
Port St. Lucie, FL 34952

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FOR ASSOCIATION USE ONLY

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