

Tropical Shoppes of Bayshore Condo Assoc.
Architectural Review Committee
Request for Approval Form

**If replacing or re-doing with the same, this form is not needed.

NAME _____ DATE _____

ADDRESS _____ PHONE _____

Please provide a detailed description of your request, including size, color, height, location, etc., and include samples if applicable:

Business Owner's Affidavit

I have read the covenants of my association and agree to abide by such covenants and restrictions. I agree that no work will begin without Association Approval.

DATE _____ SIGNED _____

For Association Use Only

- APPROVED
- APPROVED WITH CONDITIONS
- NOT APPROVED
- NEED FURTHER INFORMATION

COMMENTS:

AUTHORIZED CHAIRPERSON OR AGENT _____

(Signature)

DATE _____

Tropical Shoppes of Bayshore Condo Assoc.
C/O Watson Association Management
430 NW Lake Whitney Place, Port St. Lucie, FL 34986
772-871-0004-Phone ~ 772-871-0005-Fax
Paminfo@watsonrealtycorp.com