

# Villas of Torino

Community Association, Inc.  
c/o Watson Association Management  
1648 SE Port St Lucie Blvd., Port St. Lucie, FL 34952  
772-871-0004 ~ 772-871-0005 FAX  
[paminfo@Watsonrealtycorp.com](mailto:paminfo@Watsonrealtycorp.com)

## Design Review 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 is performing the work attach a copy of license and insurance to this application.

\*\*\*Homeowner must to 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:* \_\_\_\_\_