

Villas of Torino

Community Association, Inc.
C/O Watson Association Management
430 NW Lake Whitney Place, Port St. Lucie, FL 34986
772-871-0004 ~ 772-871-0005 FAX
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: _____