

WINDY PINES ARCHITECTURAL REVIEW COMMITTEE (ARC)
REQUEST FOR APPROVAL

DATE: _____

OWNERS: _____

ADDRESS: _____

PHONE #: _____

WHAT IS THIS:

____ NEW STRUCTURE

____ ALTERATION

____ DECORATION

____ ADDITION

____ IMPROVEMENT

____ OTHER

Please give a DETAILED description of what you are requesting. YOUR DESCRIPTION SHOULD INCLUDE EXACT SIZE, COLOR, (SUBMIT SAMPLES), HEIGHT AND LOCATION

An application fee of \$50.00, for all structural modifications, made payable to Windy Pines is required. Applications must include the following: Application, Contractor Information (Name, License, Proof of Liability & workers Compensation Insurance, Scope of work, Copy of Lot Survey, Color or Picture Sample(s), Detailed Plans and Specifications of Proposed Alteration). **Approval Process May Be Delayed If Insufficient Information Is Provided.**

HOMEOWNER AFFIDAVIT

I have read the covenants of the Homeowners Association and agree to abide by such covenants and restrictions. No work will commence without ARC approval(s). **Windy Pines Homeowners Association, Inc. ARC approval is required for all change requests.**

Sign: _____ Date: _____

<p><u>Office Location/Mailing Address:</u> Watson Association Management 430 NW Lake Whitney Place Port St. Lucie, FL 34986 Email: paminfo@watsonrealtycorp.com Ph: 772-871-0004 / Fax: 772-871-0005</p>

APPLICANT IS CURRENT IN ALL ASSOCIATION DUES, FEES AND FINES _____

FOR ASSOCIATION USE ONLY

____ Approved
____ Approved with conditions
____ Not Approved
____ Re-Submittal Needed, Insufficient Information submitted