

**The Lakes at the Savannahs COA, Inc.**  
**C/O Watson Association Management, 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**  
**Ph: 772-871-0004 ~ Fax: 772-871-0005**  
**Email: paminfo@watsonrealtycorp.com**

ARCHITECTURAL REVIEW BOARD APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Lot # \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

GENERAL INFORMATION

Applications are required for any changes affecting the exterior of the residence. Depending on the type of work to be done, please include pertinent information describing the project. The nature, type and materials to be used must be included along with a brochure or manufactures literature of the product and a color sample or chart.. If necessary, two (2) complete sets of plans and specifications for the proposed changes are required.

Description of work to be done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor doing the work: \_\_\_\_\_

Please provide a copy of the vendors Business license and proof of insurance, both WC and liability.

By signing this application, the owner agrees to abide by the covenants and restrictions for the Association. ***No work will commence without the approval of the Association.*** Any changes to the plans must be re-submitted to the committee for approval. The ARB has 30 days to approve an application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Association Use Only

\_\_\_\_Approved      \_\_\_\_Approved with conditions as listed below      \_\_\_\_Not Approved

\_\_\_\_Additional Information Required – See below

COMMITTEE REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ARB / Board Signature

\_\_\_\_\_  
ARB/ Board Signature

Date received: \_\_\_\_\_

Date returned to owner: \_\_\_\_\_