

**ISLE OF TUSCANY**

c/o Watson Association Management  
1648 SE Port St Lucie Blvd.  
Port St. Lucie, Florida 34952  
Telephone: 772-871-0004

**OFFICE USE ONLY:**

REQ #: \_\_\_\_\_  
LOT/BLDG: \_\_\_\_\_  
REC'D BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

**REQUEST FOR ARCHITECTURAL COMMITTEE REVIEW**

Document Checklist

Request Form

<input type="checkbox"/> Survey/Plot Plan	Date	_____
<input type="checkbox"/> Building Plans	Mr./Mrs.	_____
<input type="checkbox"/> Elevations	Address	_____
<input type="checkbox"/> Details		_____
<input type="checkbox"/> Specifications	Phone	_____
<input type="checkbox"/> Permit	Other Address	_____
<input type="checkbox"/> Photos		_____
<input type="checkbox"/> Other	Other Phone	_____

**Brief description of addition, alteration, improvement, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Cert. of Insurance: \_\_\_\_\_  
Occupation Lic#: \_\_\_\_\_  
Cert. of Competency# \_\_\_\_\_

**\*HOMEOWNER'S AFFIDAVIT:**

*I have read the covenants of my Association and agree to abide by such covenants and restrictions. No work will be commenced without approval of my Association.*

\_\_\_\_\_  
*Signed* \_\_\_\_\_ *Dated* \_\_\_\_\_

*FOR ASSOCIATION USE ONLY:*

Approved by Board of Directors       Preliminary approval subject to review  
 Insufficient information submitted – RESUBMIT  
 Not approved (as noted)

\_\_\_\_\_  
\_\_\_\_\_  
Association Agent: \_\_\_\_\_ Date: \_\_\_\_\_