

ISLE OF TUSCANY

C/o Watson Association Management
430 NW Lake Whitney Place
Port St. Lucie, Florida 34983
Telephone: 772-871-0004

OFFICE USE ONLY:

REQ #: _____
LOT/BLDG: _____
REC'D BY: _____
DATE: _____

REQUEST FOR ARCHITECTURAL COMMITTEE REVIEWDocument Checklist

____ Survey/Plot Plan
____ Building Plans
____ Elevations
____ Details
____ Specifications
____ Permit
____ Photos
____ Other

Date _____
Mr./Mrs. _____
Address _____
Phone _____
Other Address _____
Other Phone _____

Request Form**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: _____