

ARCHITECTURAL CONTROL COMMITTEE
REQUEST FOR APPROVAL FORM
CALLAWAY PLACE HOA

DATE _____

OWNERS _____

ADDRESS _____

PHONE # _____ EMAIL _____

WHAT IS THIS: _____ NEW STRUCTURE _____

_____ ADDITION

_____ NEW ROOF

_____ PAINT

_____ LANDSCAPE CHANGE

_____ OTHER

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

HOMEOWNER AFFIDAVIT

I have read the covenants of the Callaway Place Homeowners Association and agree to abide by such covenants and restrictions. No work will commence without approval of the Association.

Signed: _____ Date: _____

Send to: Watson Association Management
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
hrothmel@watsonrealtycorp.com

FOR ASSOCIATION USE ONLY

_____ Approved

_____ Approved with conditions

_____ Not Approved

_____ Re-Submittal Needed. Insufficient Information Submitted