

SAWGRASS VILLAS CONDOMINIUM ASSOCIATION, INC.

Architectural Review Committee Request For Approval Form

Date: _____

Unit # _____

Name: _____

Address: _____

Telephone: Home: _____ Email: _____

- | | |
|--|--|
| <input type="checkbox"/> Addition (to an existing home/property) | <input type="checkbox"/> Alteration (to an existing home/property) |
| <input type="checkbox"/> Improvement (to existing home/property) | <input type="checkbox"/> Decoration (add to exterior of home) |
| <input type="checkbox"/> Other | |

Please give a detailed description of what you are requesting. Your description should include exact size, color (give samples), height and location.

Description of Work:

Homeowner's Affidavit

I have read the covenants of my Association and abide by such Covenants and Restrictions. No work will be commenced without approval of my Association.

Signature of Homeowner

Date

For Association Use Only

☐ Not Approved

☐ Approved with conditions (see notes below)

☐ Approved

☐ Re-submitted needed (see notes), Insufficient information submitted.

Notes

Authorized Agent and /or Chairperson: _____

Please mail to: Watson Assoc. Management
1648 SE Port St Lucie Blvd.
Port St. Lucie, FL 34952

or email hrothmel@watsonrealtycorp.com