

CARRIAGE POINTE ESTATES HOA

C/O WATSON ASSOCIATION MANAGEMENT

1648 SE PORT ST. LUCIE BLVD.

PORT ST. LUCIE, FL 34952

772-871-0004

MODIFICATION APPLICATION AND CHECKLIST

Submission to the Modification Review Committee requires a fully completed application, including all requested details and documentation.

Incomplete applications will not be processed and returned without review.

Application Information

Please complete the required following details:

Date Application Submitted: _____

Full Name: _____

Email Address: _____

Phone Number: _____

Property Address: _____

Provide a DETAILED description of proposed property modification: _____

Document Attachment Checklist

Ensure the following documents are included in submission, otherwise MRC will decline application:

A detailed sketch, including the dimensions of the proposed modifications, the locations of the modifications on the property (include a site plan or survey marking proposed modifications)

Color Samples or material pictures, if applicable.

Approved Permit, if applicable

Attach a copy of Contractor/Vendor license and Certificate of Insurance (only if Homeowner is not performing the modification requested) - Certificate must name Associations as Certificate Holder with the following: Carriage Pointe Estates HOA, Inc. c/o Watson Association Management, 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952

If the Homeowner is completing project, not a contractor/vendor, the following statement must be initialed by Homeowner:

I acknowledge that I am responsible for all damages associated with this project:
Homeowner's Acknowledgement: _____

Application continued on page 2---

Ensure all documents are up-to-date and legible before submission, otherwise application may be denied.

Homeowner's Affidavit

By signing and submitting this application, I acknowledge that no work will be commenced without the approval of my Association. I have read the Community Standards for my Association and agree to abide by such restrictions while performing this work.

Homeowner Signature: _____ Date: _____

Before submitting your application, please review all provided details and ensure each checklist item is marked as complete. Once satisfied, submit the application in accordance with the submission instructions provided.

FOR COMMITTEE USE ONLY: Approved Approved w/conditions Denied

MRC/ARC Approval Conditions or Denial Reasons:

Authorized Signature: _____ Date: _____