

**CARRIAGE POINTE ESTATES HOA, INC.**

C/O Watson Association Management  
430 NW Lake Whitney Place, Port St. Lucie, FL 34986  
772-871-0004 ~ 772-871-0005 FAX

**Modification Review Committee Request for Modification  
Application**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a **DETAILED** description. Attach additional page if necessary:

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

The following information must be attached to this form at the time of submission of this request.

- A detailed sketch, including the dimensions of the proposed modifications, the locations of the modifications on the property (include a site plan or survey)
- Color samples, if applicable
- Deposit, if applicable

Work will be performed by: \_\_\_\_\_

\*\*\*If a contractor/vendor (*anyone other than the homeowner*) is performing the work attach a copy of license and insurance to this application. The Contractor must name the Association as Certification Holder: **Carriage Pointe Estates HOA, Inc. c/o Watson Association Management, 430 NW Lake Whitney Place, Port St Lucie, FL 34986**

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**HOMEOWNER'S AFFIDAVIT**

**I have read the Community Standards for my Association and agree to abide by such restrictions while performing this work. No work will be commenced without the approval of my Association.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**FOR COMMITTEE USE ONLY**

\_\_\_\_\_ *Approved* \_\_\_\_\_ *Approved w/conditions* \_\_\_\_\_ *Disapproved*

Comments: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_