

**Ocean Dunes of Hutchinson Island Condominium Association Inc.**

C/O Watson Association Management  
1648 SE Port St Lucie Blvd.  
Port Saint Lucie, Florida 34952  
(772) 871-0004 (772) 871-0005 Fax

**ARCHITECTURAL APPLICATION**

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

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

**Describe in detail the changes or modification for which you are requesting approval:**

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**Please complete and sign this form and attach the following information:**

1. Copy of Contractor's or Homeowners Proposal.
2. Copy of Contractor's or Homeowners sketch of work to be done.
3. Copy of Contractor's Occupational License.
4. Copy of Contractor's Liability Insurance. (*unit owner to ask for Avalon Beach Club Condominium Association, Inc. be listed as an additional insured on the Certificate of Insurance for their General Liability policy.*)
5. Copy of Contractor's Workers Compensation Insurance.
6. Copy of Contractor's Automobile Insurance.

**Materials you may need to provide for the COA to make a decision on your request include:**

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. A sample of the type and texture of any building materials that may be used on the project.
3. A sample of the color of paints other materials that may be used on the house exterior.
4. Any other materials or information that may assist in COA evaluation of the project.

**It is understood that the changes or modifications, which you are requesting may not:**

1. Interfere with or obstruct any easements on your property or adjoining properties.
2. Damage landscaping on the common grounds of the community.
3. Cause a nuisance or interference with the peace and privacy of other residents in the community.
4. Be performed by unlicensed contractors.
5. Be performed without the required permits from all governmental agencies.

You will be notified within thirty (30) business days (excluding weekends and federal holidays) of Architectural Review Board approval or disapproval of your request for change(s).

- ☐ APPROVED  
☐ DISAPPROVED  
☐ TABLED  
☐ CONDITIONAL APPROVAL

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

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

Board of Directors Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_