



**ST. ANDREWS TOWNHOMES  
HOMEOWNERS ASSOCIATION, INC.**

C/O Watson Association Management  
1648 SE Port St Lucie Blvd – Port St. Lucie, FL 34952  
Office-346-admin@watsonrealtycorp.com



**Architectural Control Board Application**

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

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

Cell Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Please provide a detailed description of the improvement, alteration, addition, or change to the applicant's home. Attach additional page(s) if necessary:

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Estimated completion date: \_\_\_\_\_

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

- 1) If a Contractor or Vendor is performing the work, attach a copy of Contractor's license and insurance to this application.
- 2) If a permit for the improvement is required by the Port St. Lucie Building Department, a copy of the approved permit must be submitted to the Architectural Control Board prior to the start of any work.
- 3) Attach a sketch, or drawing, showing the improvement location, size, color, and relationship to the house and property lines.
- 4) Improvement must be started within 90 days of the application approval date.
- 5) Return this application and all documents to Advantage Property Management at the above email.

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**HOMEOWNER'S AFFIDAVIT**

**I have read the Declaration of Restrictive and Protective Covenants for St. Andrews Association and agree to abide by such restrictions while performing this work. I acknowledge that no work will commence without Architectural Control Board approval.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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**FOR COMMITTEE USE ONLY**

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*Approved*

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*Approved w/Conditions*

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*NOT Approved*

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

\_\_\_\_\_

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