

LAKEFOREST AT ST. LUCIE WEST HOA, INC.
249 SW LAKEFOREST WAY
PORT ST. LUCIE, FL. 34986
lakeforestslw@comcast.net
772-878-1944 Fax 772-878-6461
ARCHITECTURAL APPLICATION

Name: _____ **Date:** _____

Address: _____

Home Phone#: _____ **Cell#:** _____ **Work#:** _____

Signature: _____

Describe in detail the changes or modification(s) for which you are requesting approval:

Please complete, sign, attach ALL paperwork and return to the Clubhouse:

1. NO APPLICATION WILL BE CONSIDERED UNLESS ALL ASSOCIATION FEES ARE CURRENT AND PAID IN FULL. NO EXCEPTIONS.

*****CURRENT COPY OF OCCUPATIONAL AND/OR CONTRACTOR'S LICENSE*****

2. Copy of contractor's or Homeowner's Proposal.
3. Copy of Contractor or Homeowner's sketch of work to be done.
4. Copy of current Contractor's Liability AND Workers Compensation Insurance.
MUST read "Lake Forest at St. Lucie West H.O.A., Inc." as certificate holder
5. Copy of homeowner's property survey indicating location of changes and or modifications.
6. Copy of Neighbor's or HOA release for damage to property. (pools only)

Materials you may need to provide for the HOA 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 or other materials that may be used on the house exterior.
4. Any other materials or information that may assist in HOA evaluation of the project.

It is understood that the changes or modification(s) which you are requesting may not:

1. Interfere with or obstruct any easements on your property or adjoining properties.
2. Damage landscaping on your property, that of a neighbor or the common grounds of the community.
3. Cause a nuisance or interference with the peace and privacy of other residents in the community.
(Must abide by City of PSL Building Ordinance with hours of work)
4. Be performed by unlicensed contractors.
5. Be performed without the required permits from all governmental agencies.
6. Be performed before you receive approval.

You will be notified within thirty (30) business days (excluding weekends and federal holidays) in writing of Board of Directors approval or disapproval of your request for changes or modifications.

On approved application: Work must commence within thirty (30) days of approval and be completed in a timely manner. Work must start by: _____

APPROVED: _____ **DISAPPROVED:** _____ **DATE:** _____

Authorized ARC: _____ **Conditional Approval:** _____

Board of Director's Authorized Signature: _____ **Date:** _____