

EVERGREEN PROPERTY OWNERS ASSOCIATION
C/O BRISTOL MANAGEMENT SERVICES, INC.
543 NW Lake Whitney Place * Suite 101-102
Port St Lucie, Florida 34986
772-323-2004 * 772-878-1519 Fax

ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR APPROVAL FORM

DATE: _____

APPLICANT: _____

ADDRESS: _____

PHONE: _____

What is this? _____ ADDITION to an existing home/property
_____ ALTERATION to an existing home/property
_____ IMPROVEMENT to an existing home/property
_____ DECORATION added to the exterior of the home
_____ OTHER

_____ Start Date of Project

_____ Complete Date of Project

Please give a DETAILED description of what you are requesting. YOUR DESCRIPTION SHOULD INCLUDE EXACT SIZE, COLOR (give samples), HEIGHT, LOCATION.

INCLUDE PLANS IF APPLICABLE: _____

HOMEOWNERS AFFIDAVIT

I have read the covenants of my Association and agree to abide by such covenants and restrictions. No work will be commenced without approval of my Association.

Date: _____ Signature: _____

FOR ASSOCIATION USE ONLY

_____ APPROVED
_____ APPROVED WITH CONDITIONS (SEE NOTES)
_____ NOT APPROVED
_____ RE-SUBMITTAL NEEDED (SEE NOTES)

NOTES: