

SLW COUNTRY CLUB ESTATES HOMEOWNERS ASSOC., Inc.

Homeowner Name: _____

Reason for Review: _____

(i.e., roof, pool, paint, tree removal, etc.)

Initials (ARC): _____

ARCHITECTURAL REVIEW COMMITTEE

Request for Approval Form

Country Club Estates Homeowner's Association, Inc.

(REVISED June 2020)

PLEASE EMAIL COMPLETED FORM TO: img@lifestylesmanagementgroup.com
Lifestyles Management Group, 1860 SW Fountainview Blvd. SUITE 100, PORT ST. LUCIE, FL 34986

The ARC Committee meets on the 1st Friday of each month

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____ (Completed Request form will be returned to you through email. If you do not have an email address, please include a self-addressed stamped envelope so the form can be returned via mail. The ARC meets on the first Friday of each month. Therefore, the form will not be ready for you until the week following the ARC meeting.)

COMMENCEMENT DATE: _____ (Work to commence within sixty (60) days of approval or you must re-apply for approval)

ANTICIPATED COMPLETION DATE: _____

Give detailed description of your request, including size, color (attach samples), height, location, etc. All screen additions must be landscaped. Please provide contractor's license number and insurance (if applicable).

CONTRACTOR HOURS: 8:00 a.m. – 6:00 p.m. MONDAY-SATURDAY. NO SUNDAYS, STRICTLY ENFORCED.

SLW COUNTRY CLUB ESTATES HOMEOWNERS ASSOC., Inc.

Homeowner Name: _____

Reason for Review: _____

(i.e., roof, pool, paint, tree removal, etc.)

Initials (ARC): _____

PLEASE NOTE THAT A DAMAGE DEPOSIT OF \$1500.00 IS APPLICABLE FOR THE FOLLOWING: ROOF REPLACEMENT/MAJOR REPAIR; HOME ADDITIONS; POOL ADDITIONS; SCREENING ADDITIONS AND ANY EXTERIOR OR INTERIOR WORK THAT REQUIRES THE PLACEMENT OF A DUMPSTER ON YOUR PROPERTY. ONCE THE WORK IS COMPLETED AND INSPECTED, IF NO DAMAGE HAS OCCURRED, YOUR DEPOSIT WILL BE FULLY REFUNDED. Please make checks payable to: SLW Country Club Estates.

Homeowner's Affidavit:

I have read the covenants of my association and agree to abide by such covenants and restrictions. No work will be done without Association approval. I am aware of the contractor's hours and days of operation and agree to abide by such.

Signed: _____ Date: _____

For Association Use Only

APPROVED: _____ NEED FURTHER INFORMATION: _____

APPROVED WITH CONDITIONS: _____

NOT APPROVED: _____

AUTHORIZED CHAIRPERSON OR AGENT: _____

DATE REQUEST RECEIVED: _____

DATE DEPOSIT RECEIVED: _____

AMOUNT OF DEPOSIT RETURNED: _____

DATE DEPOSIT RETURNED: _____