

CARRIAGE POINTE ESTATES HOA, INC.

C/O Watson Association Management
1648 SE Port St Lucie Blvd., Port St. Lucie, FL 34952
772-871-0004 ~ 772-871-0005 FAX

Modification Review Committee Request for Modification
Application

Date: _____ Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please provide a **DETAILED** description. Attach additional page if necessary:

The following information must be attached to this form at the time of submission of this request.

- A detailed sketch, including the dimensions of the proposed modifications, the locations of the modifications on the property (**include a site plan or survey**)
- Color samples or material pictures, if applicable
- Approved Permit, if applicable

Work will be performed by: _____

***If a contractor/vendor (*anyone other than the homeowner*) is performing the work attach a copy of license and insurance to this application. The Contractor must name the Association as Certification Holder: **Carriage Pointe Estates HOA, Inc. c/o Watson Association Management, 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952**

If I do not use a vendor, I acknowledge that I am responsible for all damage associated with the project. Initial: _____

HOMEOWNER'S AFFIDAVIT

I have read the Community Standards for my Association and agree to abide by such restrictions while performing this work. No work will be commenced without the approval of my Association.

Signed: _____ Date: _____

FOR COMMITTEE USE ONLY

_____ *Approved* _____ *Approved w/conditions* _____ *Disapproved*

Comments: _____

Authorized Signature: _____ Date: _____