

**LAKESIDE AT SAINT LUCE WEST HOMEOWNERS ASSOCIATION, INC.**

C/O DIVINE ASSOCIATION  
1680 SW BAYSHORE BLVD. SUITE 117  
PORT SAINT LUCIE, FLORIDA 34984  
772-878-5998

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address of unit being considered: \_\_\_\_\_

**DESCRIPTION OF ADDITON, CHANGE, MODIFICATION, ETC.**

Submit two (2) copies of all purposed additions, changes, modifications, etc. Which include color of materials, plans, drawings, location, name of the company, license and insurance information, schedules to do work and any and all pertinent information necessary for the Board of Directors, plus the St. Lucie County Building, (when referred), to make an informed decision. If all the required information is not received with this application, the committee will automatically reject the application, until all information is received.

The Architectural Review Committee will review the application within thirty (30) working days from receipt. Should you require any additional information please contact the property manager.

DECRPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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THE UNDERSIGNED acknowledges that they have read this application and understand if approval is granted, only specified above and/or attached. **No work is to be started until approval is received.** Any damage done, as a result of the above work, is the responsibility of the homeowner to repair. All work is subject to final approval by Federal, State, and/or Local Inspectors (of required).

**Applicants Signature:**

\_\_\_\_\_  
This application is rejected/approved subject to the following conditions \_\_\_\_\_  
\_\_\_\_\_

Architectural Committee \_\_\_\_\_ Approved Rejected (circle one)

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Board Member \_\_\_\_\_ Approved Rejected (circle one)