

EXTERIOR HOUSE PAINTING APPLICATION



**Lake Charles Association, Inc.
Modification Committee
Architectural Review Application**

Lake Charles Homeowners Association
550 SW Lake Charles Circle
Port St. Lucie, FL 34986
Ph: 772-336-5966 Fax: 772-343-0592

Homeowner's Name(s): _____ (print clearly) Daytime Phone #: _____

Property Address: _____

Mailing Address (if different): _____

Work To Be Done: **PAINT EXTERIOR OF HOUSE** (Color Chip/Swatch Must Be Attached to Application)

Color Name	Color Number	Color Name	Color Number
Body Color:		Fascia/Trim:	
Front Door/Shutters:		Garage Door:	

****** PLEASE NOTE: HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ALL PERMITS AND TO MAKE SURE CONTRACTORS ARE LICENSED & INSURED. HOMEOWNER MUST NOTIFY THE PROPERTY MANAGER WITHIN 10 DAYS OF COMPLETION OF APPROVED PROJECT FOR FINAL INSPECTION**

***** Include copies of the following applicable information with your application:**

- Sample of the color of materials that will be used on the house exterior,
- Any other material or information that may assist the Committee in doing their evaluation on this request

HOMEOWNER AFFIDAVIT

I/we have read the covenants of my Association and agree to abide by all such covenants and restrictions. No work will be commenced without approval of the Association. It is understood that if the changes proposed cause any damage to landscaping on my property, that of a neighbor or the common grounds of the community, it is my responsibility to return them to their original condition at my expense. I will ensure that work will be performed by licensed, insured contractors who have received all required permits from all governmental agencies. I/we agree to hold harmless Lake Charles Association, Inc. for any default by contractors or personnel injury during this project.

Signed: _____ Date: _____
(Application will not be reviewed without Homeowner's signature)

You will be notified within forty-five (45) days of your request that the application is approved, disapproved, or that it is incomplete and additional information is needed. On approval, applications work must commence within thirty (30) days of approval and be completed within minimal time period.

SUBMIT FORM and REQUIRED INFO TO LAKE CHARLES HOA OFFICE

FOR COMMITTEE USE ONLY

Request ID# _____

- Reviewed by Modification Committee _____ Date: _____
- Insufficient information provided by homeowner – RESUBMIT with all required documentation including:

- APPROVED as submitted NOT APPROVED
- APPROVED with following conditions listed below:

Signed: _____ Date: _____
Chairperson or Authorized Agent

Review date for project _____ (45 days after approval date)