

SLW COUNTRY CLUB ESTATES HOMEOWNERS ASSOC., Inc.



Homeowner Name: _____

Reason for Review: _____

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

ARCHITECTURAL REVIEW COMMITTEE

Request for Approval

SLW Country Club Estates Homeowner’s Association.

PLEASE EMAIL COMPLETED FORM TO: Lmg@lifestylesmanagementgroup.com

Lifestyles Management Group, LLC.

1860 SW Fountainview Blvd. suite 36, Pt. St. Lucie, FL 34986

The ARC Committee meets on the 1st Thursday of each month at 9:30 am

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 Thursday of each month. Therefore, the form will not be ready for you until the week following the ARC meeting. ****Completed applications must be received by the Monday prior to the meeting to allow time for review.**

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, and insurance.**

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



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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. [Grab your reader’s attention with a great quote from

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: _____

