

## POINTE WEST POA ARCHITECTURAL REVIEW REQUEST

c/o Elliott Merrill Community Management 835 20<sup>th</sup> Place, Vero Beach, FL 32960 772-569-9853

HOMEOWNER:		PHONE		
ADDRESS:		LOT #:		
CELL PHONE:	EMAIL:	AND WITH ALL DO WITH A STATE OF THE STATE OF		
A sketch, plan, drawing,		k in the space below. tached to this form showing your proposed prior to filling out this application to avoid		
PL	EASE ALLOW 14-30 DAYS FOR APPRO	OVAL. THANK YOU.		
Description of work to	be done (REQUIRED):			
APPROVED	CONDITIONAL			
APPROVED	CONDITIONAL	DENIED		
APPROVED		DENIEDDATE:		

OWNER IS RESPONSIBLE FOR MAKING SURE THAT THE CONTRACTOR IS LICENSED AND INSURED.

Please submit this completed form to the Pointe West Property Owners Association c/o Elliott Merrill Community Management, 835 20<sup>th</sup> Place, Vero Beach, FL 32960 Phone 772-569-9853 & Fax 772-569-4300 E-MAIL – <u>jeanb@elliottmerrill.com</u>

Reply will be e-mailed unless noted differently during submittal

**REVISED: APRIL 2021** 

## ARC Checklist for Large Project

Property Owner				
Property Address _			****	
Check Project Requ	uested:			
Fence	Pool	Gene	erator _	Patio
Screened Enclosure		Patio Screening		Gutter Installation
Landscape Changes		Roof Replacement		Exterior Painting
Hurricane S	hutters	Driveway W	idening	Patio Installation
Initial Each Applica	ble Section:			
_	_	•	•	all except patio screening, utters, and roof replacement).
Contractor	information suppli	ed (required for	all)	
Project adh	eres to guideline e	stablished by th	ne ARC	
Material and	d color of project is	s supplied		
Landscapin	g required for the	project will be c	ompleted	
Contractor	will be informed a	dvertising signs	are not pe	ermitted
Signature of Owner	r			
ARC Use Only				
	Date Reques	st Received		
	Date Reques	st Approved	Der	nied
	Date Notified	d Project Compl	eted	
	Date Comple	eted Project Insp	pected	
	Date Returne	ed for More Info	rmation	