

POINTE WEST

A Traditional Community Vero Beach, Florida

POINTE WEST POA ARCHITECTURAL REVIEW REQUEST

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

DATE: _____

HOMEOWNER: _____ PHONE _____

ADDRESS: _____ LOT #: _____

CELL PHONE: _____ EMAIL: _____

Please note:

You **MUST** provide a description of the work in the space below.

A sketch, plan, drawing, photo, or sample is **REQUIRED** to be attached to this form showing your proposed exterior modification. Please refer to the Association Documents prior to filling out this application to avoid delay.

PLEASE ALLOW 14-30 DAYS FOR APPROVAL. THANK YOU.

Description of work to be done (REQUIRED):

APPROVED _____

CONDITIONAL _____

DENIED _____

By: _____

DATE: _____

Comments: _____

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 20th Place, Vero Beach, FL 32960
Phone 772-569-9853 & Fax 772-569-4300 E-MAIL – jonnas@elliottmerrill.com

Reply will be e-mailed unless noted differently during submittal

REVISED: APRIL 2021

ARC Checklist for Large Project

Property Owner _____

Property Address _____

Check Project Requested:

_____ Fence _____ Pool _____ Generator _____ Patio

_____ Screened Enclosure _____ Patio Screening _____ Gutter Installation

_____ Landscape Changes _____ Roof Replacement _____ Exterior Painting

_____ Hurricane Shutters _____ Driveway Widening _____ Patio Installation

Initial Each Applicable Section: **(Initials are REQUIRED in the section below for all which apply.)**
(Using a "✓" or "X" will not be accepted.)

_____ Survey included showing location of work (required for all except patio screening, gutter installation, exterior painting, hurricane shutters, and roof replacement).

_____ Contractor information supplied (required for all)

_____ Project adheres to guideline established by the ARC

_____ Material and color of project is supplied

_____ Landscaping required for the project will be completed

_____ Contractor will be informed advertising signs are not permitted - **(If you use a contractor, this section must be initialed.)**

Signature of Owner _____

ARC Use Only

_____ Date Request Received

_____ Date Request Approved _____ Denied _____

_____ Date Notified Project Completed

_____ Date Completed Project Inspected

_____ Date Returned for More Information