



Parks Edge

3201 SW Landale Blvd.
Port St. Lucie, FL 34953

PROPERTY OWNERS' ASSN., INC.

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ARCHITECTURAL CONTROL COMMITTEE

SUBMIT ONE (1) APPLICATION PER IMPROVEMENT

APPLICATION MUST INCLUDE:

**Copy of Property Survey, marking location of work
City Permit (if required by City of PSL)**

COMPANY MUST SUBMIT COPIES OF THE FOLLOWING:

**Contractor's License Information
Contractor's Liability Insurance**

Name of Owner: _____

Property Address: _____ Lot # _____ Block # _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Type (check applicable box and/or describe below):

Pool Landscaping Screen Enclosure Fence House Shed Driveway

Other, please explain: _____

DETAILED DESCRIPTION OF IMPROVEMENT (continue on back of page if necessary):

COMPANY INFORMATION:

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____

This is a re-submittal: Yes, If yes date of original submittal _____ No

1. Please include with this application the property survey with plans/specifications for the modifications noted on the survey along with a permit if one is required by the city of Port Saint Lucie.
2. **I understand that no work may commence until written approval is received.**
3. As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition, alteration, or change and shall indemnify and hold the Association harmless from and against all claims, causes of action and expenses (including attorney's fees) made against the Association in connection with, or as a result of, the modification to be performed under this request.
4. The applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
5. Approval of this request does not constitute approval of the structural integrity of building code conformance of the requested modification and is intended solely to maintain harmonious visual aesthetics within the community.
6. Please notify ACC upon completion of project. ACC reserves the right to inspect for adherence to approval of original application.

Anticipated
Commencement Date: _____

Anticipated
Completion Date: _____

Date: _____

Owner's Signature _____

ACC USE ONLY

Approved **Disapproved** **Approval Pending**

Approved subject to the following:

Disapproved for the following reason:

Approval pending for the following reasons:

Date Application Received: _____ **Date of Approval/Disapproval:** _____

ACC Comments: _____

ACC Chairperson Name _____ **ACC Chair Signature** _____