

**Midport Place I Condominium Association**

1509 SE Royal Green Circle, Port St Lucie, FL 34953

Telephone 772-337-4482 Fax 772-337-4481

**ARCHITECTURAL CONTROL APPLICATION Exterior  
Change or Alteration**

|                   |               |
|-------------------|---------------|
| Name: _____       | Unit #: _____ |
| Address: _____    |               |
| Phone: Cell _____ | Other _____   |

Description of Work:

\_\_\_\_\_

Contractor/Persons doing work: \_\_\_\_\_ Phone #: \_\_\_\_\_

o Contractor Insurance needs to be on file with the office; General Liability & Workers Compensation

Agreement:

1. Alterations require submission of drawing to scale, showing proposed changes.
2. The Association is not responsible for determining if a Permit is required. Obtaining Permits is the sole responsibility of the homeowner or the persons doing the work requested in this application. If a Permit is required, the homeowner must post the permit on said property until the work is approved.
3. Specifications of all material to be used must be submitted.
4. The Association and the Management Company shall be held harmless from all liability concerning this application.
5. Homeowner acknowledges that there will be no encroachment of easements or violations of the Association's Covenants.

Note: Owner signature below acknowledges work will be performed as outlined in this application.

\_\_\_\_\_

Signature of Homeowner Date

|                             |                  |
|-----------------------------|------------------|
| For Board of Directors Only |                  |
| _____ Not Approved          | Reason(s): _____ |
| _____ Approved              | Comments: _____  |
| _____                       |                  |
| Signature of Board Member   |                  |