



APPLICATION FOR ARCHITECTURAL MODIFICATION

Architectural Review Committee (ARC) approval must be received **BEFORE** any work commences. Submit completed form to VitaliaArc@CampbellProperty.com or mail/hand deliver to 11899 SW Apple Blossom Trail, Port St. Lucie, FL 34987. Please refer to the Declaration Section 24 and the Architectural Review Requirements (ARR) for additional information. Please allow up to 30 days for processing from the date a completed application is received. Login to www.VitaliaAtTraditionHOA.com for status updates on your application. Please note, status will show pending until final inspection is performed after completion of work.

Print Owner Name:	Email:
Street Address:	
Owner Signature:	Phone:

Check applicable box and describe below to identify requested modification(s), addition(s), or alteration(s)

<input type="checkbox"/> Additions	<input type="checkbox"/> Hurricane Shutters	<input type="checkbox"/> Screen Enclosure	<input type="checkbox"/> Pool/Spa
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Landscape Curbing	<input type="checkbox"/> Patio/Pavers	<input type="checkbox"/> Exterior Paint
<input type="checkbox"/> Doors	<input type="checkbox"/> Wall/Fence	<input type="checkbox"/> Solar Equipment	<input type="checkbox"/> Generator/Gas Tank/Water
<input type="checkbox"/> Yard Art	<input type="checkbox"/> Other (explain) _____		

PROJECT DESCRIPTION:

OWNER CHECKLIST FOR SUBMISSION REQUIRED

- Include a copy of the **certified as-built survey** and **contractor plans** showing where the modification is located relative to the home, the property lines with dimensions, and describing access if though neighboring properties or common property of the Association.
- Include material samples, color information, photos, dimensions etc.
- Include Written Approval from CDD for pool installations (Applicable to homes located around preserves, wetlands or lakes)

RECOMMENDED

- Include a copy of contractor's certificate of Worker's Compensation insurance or exemption form.
- Include copies of current/valid contractors' licenses.
- Include Certificate of General liability Insurance from all contractors naming "Vitalia at Tradition Residents' Association, Inc. 11899 SW Apple Blossom Trail, Port St. Lucie, FL 34987" as additional insured.

-----BELOW IS FOR VITALIA OFFICE USE ONLY -----

Date Received/Scanned _____ Date Entered into TOPS _____ Date ACK Letter Sent to Owner _____

Date of V&V Initial Review _____ Recommended for APPROVAL DENIAL REQUEST FOR MORE INFO

Notes _____

Date of ARC Formal Review _____ APPROVED DENIED REQUEST FOR MORE INFO

Notes _____

Assigned to whom on ARC (Print Name) _____

Date Pre-Approval / Denial Letter Sent to Owner _____ Date Final Inspection Completed _____ Final

Inspection Completed By (Print and Sign Names) _____

Date Final Approval Sent to Owner _____ Date Final Application Scanned/Filed _____