

**RIVER** —

**VISTA HOA**

**Home Owner Association Architectural Review**

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**Owner(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

( submit power of attorney if applicant is different than owner)

I am requesting a review by the ARB per RVHOA Covenants and Restriction.

Please submit any plans or sketches that might be pertinent to this work.

- House painting
- Driveway painting
- Landscaping
- Fencing or natural screening
- Sign
- Other

Have you discussed with your neighbors: YES. NO

Date of expected commencement: \_\_\_\_\_

Do you have a contractor?

IF YES please

list: \_\_\_\_\_

If painting is involved, are the colors a significant variation from the original?

NO / YES \_\_\_\_\_

Date Received: \_\_\_\_\_

Please list the paint manufacturer and colors, paint chip(s) if available

Approved

Approved with Conditions

Not Approved

ARB/ BOD: \_\_\_\_\_

DATE: \_\_\_\_\_

ARB/ BOD: \_\_\_\_\_

DATE: \_\_\_\_\_

\* A more comprehensive application is required for new and additional construction

River Vista HOA, P.O. Box 7413, Port St Lucie, FL 34985

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Form approved on 05/30/24