

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

This request form is to be completed by the homeowner and submitted to the Hideaway Condominium Association Inc. Board of Directors for approval BEFORE any work commences.

If you would like notification sent to alternate address please list below:

THIS SECTION TO BE COMPLETED BY HOMEOWNER
The Hideaway Condominium Association Inc.

Name: _____

Property Address/unit#: _____

Phone: _____

PROPOSED CHANGE/ADDITION/INSTALLATION:

LOCATION:

(Attach a copy of a survey map, site plan with a suitable diagram showing where the addition is located)

SPECIFICATIONS:

(Attach copies of plans, estimates or pictures)

Dimensions:

Material (s):

Color(s):

All requests must conform to all local zoning and building regulations and you must obtain all necessary permits, If your request is approved by the Board of Directors.

SECTION TO BE COMPLETED BY

**The Hideaway Condominium Association
Board of Directors**

Date Approved/Denied: _____

BOARD MEMBER'S SIGNATURE:

PRINTED NAME

DATE

COMMENTS:

**Please Return Completed Form Along with Plans, Plot Site Plan, Samples, Pictures, etc. To:
The Hideaway Condominium Association Inc.**

c/o Progressive Community Management
3701 S. Osprey Ave.
Sarasota, FL 34239