

REQUEST FOR ARCHITECTURAL APPROVAL-SUMMERFIELD HOLLOW

Homeowner to complete and submit this form to the Association (ACC) Architectural Control Committee for approval **BEFORE** any work commences. Please include all required items (Plans/Materials/paint sample/etc).

Please allow 14 day processing

Return to: Summerfield Hollow Condominium Association Inc., c/o Progressive Community Management, Inc. at 3701 South Osprey Avenue, Sarasota, FL 34239 Atten: Shane Raniere

Email to: Sraniere@pcmfla.com Fax: 941-923-7000 Phone: 941-921-5393

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

DATE: _____

NAME: _____

ADDRESS: _____

PHONE (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION: (Attach copies of plans/materials/paint etc)

LOCATION: (ATTACH A COPY OF THE PLOT PLAN/ SURVEY SHOWING THE LOCATION OF THE ADDITION OR INSTALLATION-- MUST BE PROVIDED)

GIVE DESCRIPTION: _____

SPECIFICATIONS: (ATTACH A COPY OF THE PLANS OR SUITABLE DRAWING OR PICTURE MUST BE PROVIDED)

DIMENSIONS: _____

MATERIAL (S): _____

COLOR (S) (sample or color chip — must be provided): _____

ESTIMATED TIME OF COMPLETION: _____

NOTE: ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS. OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS.

OWNER SIGNATURE: _____

THIS SECTION TO BE COMPLETED BY THE MANAGEMENT CO.

DATE APPROVED _____ DATE DENIED _____

DATE OF CONDITIONAL APPROVAL OR ADDITIONAL INFO REQUESTED _____

***(ACC) Comments or Conditions: _____

(ACC) SIGNATURE: _____