ARCHITECTURAL REVIEW COMMITTEE APPLICATION

To be completed by the Unit Owner and submitted to the ARC for approval BEFORE any work commences

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

_____

_____

THIS SECTION TO BE COMPLETED BY UNIT OWNER

ASSOCIATION NAME: *The Hammocks Condominium Association, Inc.* Date: _____

Name: _____

Unit Address: _____

Phone (Home): _____ (Alternate): _____

DESCRIBE THE CHANGE/ADDITION/INSTALLATION:
(replace carpeting with hard surface flooring; install blind or tiles on lanai; install storm door; etc)

_____

_____

_____

_____

ROOM(S)

_____

_____

SPECIFICATIONS:
(Attach copies of estimates detailing work to be performed and materials to be used, pictures, color sample(s), etc)

Dimensions: _____

Material (s): _____

Color(s): _____

All requests must conform to all local zoning and building regulations and you must obtain all necessary permits if the ARC approves your request.

SECTION TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE

REQUEST: Date Approved: _____ Date Denied: _____

BOARD MEMBER'S SIGNATURE: _____

COMMENTS: _____

_____

_____

_____

Please Return Completed Form Along with Attachments To:
The Hammocks Condominium Association, Inc
c/o Progressive Community Management
3701 S. Osprey Avenue, Sarasota, FL 34239
or e-mail to manager, Gary Williams at
gwilliams@pcmfla.com