

HAMMOCK PINE VILLAGE I
ARCHITECTURAL REVIEW COMMITTEE
REQUEST FORM

Name _____ Date Submitted _____

Address _____ Lot No. (if applicable) _____

City, State, Zip _____ Telephone #: _____

Description of desired change, addition or replacement with attached plans (if applicable) and specifications. Attach drawing showing placement of request (if applicable). Each project or item of request requires a separate form. Attach additional pages, pictures, etc. if needed.

Proposed Contractor (if applicable, known) _____

Any changes or replacements must be properly contracted for with a licensed and insured contractor and required permits obtained in compliance with all county codes and ordinances. (if applicable)

The applicant assumes complete responsibility for the requested change, addition or replacement. The applicant agrees to contact all utilities, cable, etc. prior to commencement of work (if applicable) and will be responsible for any and all damages that may be caused due to the requested change, addition, or replacement. The applicant is responsible and liable to the Condominium Association/Homeowners Association and any individual property owner for any actions of any and all contractors, trades or persons providing services to or on their property that may cause injury or damage.

Any approval of this request is provided by the Architectural Review Committee (ARC) as stipulated in the Association documents. The ARC does not have the authority to provide any exception or changes to or suspension of any Deed Restrictions. It is the responsibility and obligation of each applicant to insure that any and all actions are in compliance with any and all Deed Restrictions.

Please contact the Architectural Review Committee c/o Citadel Property Management Group, Inc. upon completion.

Owner(s) Signature _____ Date _____

Submit form to: **Management and Associates**
or
Call for any **720 Brooker Creek Blvd. #206**
questions **Oldsmar, FL 34677**
Phone: 813-433-2000 Fax: 813-433-2040

ARCHITECTURAL REVIEW COMMITTEE DECISION

_____ Approved _____ NOT Approved _____ Date Received _____

_____ Date Returned _____

Additional Information _____

ARC Representative Signature _____ Date _____