



THE HAMMOCKS CAPE HAZE
8660 AMBERJACK CIRCLE, ENGLEWOOD, FL 34224

Architectural Review Committee
Request/Notification Form

This request form is to be completed by the homeowner and submitted to the ARC for approval **BEFORE** any work commences. Please refer to your Governing Documents for information and the website www.hammockscap haze fl.com for all ARC standards. The committee has 30 days to respond from date of receipt, or 45 days if no standard already exists.

***All applications must have vendor license and insurance attached if applicable.**

THIS SECTION TO BE COMPLETED BY HOMEOWNER

Owner Name(s): _____ Hammocks Address: _____ Unit # _____

Phone: _____ Email Address: _____

Is there an existing standard? (Y or N) _____ Name of Standard: _____

Detailed description of request (if needed, continue on back of form, or in email message if submitting electronically):

All applications must include detailed copies of plans, diagrams, or pictures of materials to be used, paint/material color sample(s), drawings showing changes or additions, etc. All requests must conform to all local zoning and building regulations and include all necessary permits if applicable.

Applications submitted without detailed specifications will not be reviewed.

1. I acknowledge that I have read the standard provided and will comply with the specifics of the standard. If not, I acknowledge the Association has the right to correct the problem and charge all costs to the owner of the unit. I also certify that upon completion, the installation will conform to the conditions and requirements of the ARC approval and the Hammocks Master Documents. I also understand that upon completion of the installation, I will notify the Office Manager who may inspect for Common area cleanup, etc.
2. **IT IS THE OWNER'S RESPONSIBILITY TO ENSURE THAT VENDORS LEAVE BUILDING, HALLWAYS, ELEVATOR, DRIVEWAYS, GARAGE, ETC., CLEAN AND FREE OF DEBRIS AT THE END OF EACH WORKDAY. FOR PRESERVE BUILDINGS, ELEVATOR USE RULES, PROVIDED BY THE OFFICE MANAGER, MUST BE FOLLOWED.**

OWNER SIGNATURE(S) _____

DATE: _____

RETURN COMPLETED FORM TO THE PROPERTY MANAGER OFFICE
or PropertyManager@hammockscap haze .net

Request Disposition

Date Received: _____ Date of Disposition: _____ Approved? Y N

Signature _____

Comments _____

