

**HAMMOCK RESERVE OWNERS ASSOCIATION INC.
ARCHITECTURAL REVIEW APPLICATION**

Please complete and return this form for approval prior to commencement of any work

Return to: Hammock Reserve Owners Association, Inc.

c/o Bono & Associates

766 N. Sun Dr., Suite #2000, Lake Mary, FL 32746

Phone: 407-233-3560 Fax: 407-233-3498

chelsea@bonomgmt.com

Property Owner: _____ Date: _____

Property Address: _____

Mailing Address (if different) _____

Phone: _____ Fax: _____ Email: _____

Owner Signature: _____

(Sign or type name)

- PLEASE ATTACH A PROPERTY SURVEY COPY LOCATING EXTERIOR CONSTRUCTION PROJECTS
- ATTACH PAINT / COLOR SAMPLES, PLANS, PHOTOS AS NEEDED TO DESCRIBE MODIFICATION
- ALL NECESSARY PERMITS REQUIRED FOR THIS PROJECT MUST BE OBTAINED
- ALL CHANGES MUST COMPLY WITH THE COVENANTS & RESTRICTIONS

Describe the addition, change or installation to be reviewed by the Architectural Review Board:

FOR USE BY ARCHITECTURAL REVIEW BOARD

Date Received _____ Date To ARB _____ Date To Homeowner _____

The ARB's decision on the plans submitted is as follows, supporting documentation may be attached to this form:

Approved CHANGES MUST COMPLY WITH THE COVENANTS & RESTRICTIONS AND RULES OF ASSN.
(*All Approvals valid for 6 months from approved date below)

Approved with the following condition* _____

Rejected _____

Plans incomplete, information requested _____

Please resubmit plans to the ARB with fourteen (14) days of receipt of this notice. Work cannot be performed until the ARB has rendered a written unconditional approval.

ARB Comments:

By: _____ Date: _____

Hammock Reserve Owners Association Inc.
Architectural Review Board