

Hidden Hollow of Palm Beaches HOA, Inc
Sea Breeze Community Management Services, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, FL 33410
(561) 626-0917 Fax: (561) 626-7143
www.seabreezecms.com

REQUEST FOR ARC APPROVAL

Owner Name: _____ Date: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____ Email: _____

I, the undersigned owner hereby request permission from the Architectural Review Committee to make the following change:

Description of addition/modification: _____

Note: You must provide the following:

- A drawing and/or diagram listing the specifications to be used, including materials, dimensions, type and color. (provide sample/photographs, etc.)
- Permit approval from governing ordinances.

Contractor Name: _____ Phone: _____

Contractor Address: _____

IT IS HEREBY UNDERSTOOD THAT NO WORK SHALL BEGIN UNLESS THE OWNER HAS RECEIVED WRITTEN AUTHORIZATION TO PROCEED WITH THE REQUESTED CHANGE FROM THE ARCHITECTURAL REVIEW COMMITTEE THROUGH SEA BREEZE CMS, Inc. ANY WORK NOT PERFORMED IN STRICT CONFORMANCE WITH THE APPROVED PLANS SHALL BE CORRECTED TO CONFORM WITH THE APPROVED PLANS.

Unit Owner Signature

Unit Owner Signature

ARCHITECTURAL REVIEW COMMITTEE
For Committee Use Only:

_____ The above request has been APPROVED.

_____ The above request has been APPROVED with the following revisions: _____

_____ The above request has been DENIED with the following revisions: _____

ARC/Board Signature: _____ DATE: _____

ARC/Board Signature: _____ DATE: _____