## **ARC Approval Request 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 Declaration of Covenants, Conditions and Restrictions for information on the ARC. \*All applications must have the Homeowners affidavit disclaimer/release <u>PLUS</u> vendor license and insurance attached.

THIS SEC	TION TO BE COMPLETED BY HO	DMEOWNER
Association Name: Emerald Gardens Hom	eowners Association, Inc.	Date:
Name:		
Property Address:		
Phone:	Email Address: _	
	DETAILED DESCRIPTION:	
	LOCATION:	
( <u>Attach</u> a copy of a survey map, site p	olan with a suitable diagram showin	g where the addition/change is located)
	SPECIFICATIONS:	
paint/material color sample	tailed copies of plans, diagrams on e(s), landscape drawings showing ted without detailed specification	
All requests must conform to all loc	al zoning and building regulation	ns and include all necessary permits.
SECTION TO BE CO	MPLETED BY ARCHITECTURAL	REVIEW COMMITTEE
REQUEST: Date Approved:	Date Denied	l:
BOARD MEMBER'S SIGNATURE:		
COMMENTS:		

## **Please Return Completed Form To:**

Emerald Gardens Homeowners Association, Inc. c/o Pinnacle Community Association Management PO Box 21058, Sarasota, FL 34276
via email to caitlin@pinnaclecam.com