

# Hidden Shores

Homeowners Association

## Architectural Improvement Request

In order to protect each individual homeowner's property value and privacy, it is required for any homeowner or group of owners planning improvements or changes to their deeded property (ies), to submit a HOME IMPROVEMENT REQUEST. This request is reviewed by the Association's Architectural Control Committee ("ACC") to ensure compliance with the Declaration of Covenants, Conditions and Restrictions. If any change is made that has not been approved, the Committee has the right to ask the homeowner to remove improvement and/or change from the property.

Please fill out the entire Form:

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

### NOTICE:

Hidden Shores Homeowners Association will not be held responsible for ensuring that all is in compliance with restrictions regarding utility easements, building setbacks, building codes, and other restrictions imposed by local, or state governing bodies or companies.

1. Brief description of change or improvement.

2. The actual work for the change or improvement will be performed by whom?

3. The change or improvement will be located where?

Front of the House

Patio

Roof

Side of the House

Brick

Other

Back of the House

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4. Change or improvement will consist of what materials?

ITEM	TYPE/COLORS
<input type="checkbox"/> Paint*	_____
<input type="checkbox"/> Stain*	_____
<input type="checkbox"/> Shingles*	_____
<input type="checkbox"/> Lumber	_____
<input type="checkbox"/> Brick*	_____
<input type="checkbox"/> Screen	_____
<input type="checkbox"/> Cement	_____
<input type="checkbox"/> Outdoor Lighting	_____
<input type="checkbox"/> Fencing	_____
<input type="checkbox"/> Other*	_____

\*Attach a small sample. This Request will not be approved without samples for these items. A Photo of the item(s) is acceptable.

I understand that the ACC has up to (14) days, but will act on this request as quickly as possible and contact me with their decision, and in the event that they do not contact me I must contact them. I understand I am not to begin changes or improvements, until the ACC informs me of their approval.

Signature of Homeowner: \_\_\_\_\_

Start Date: \_\_\_\_\_

Projected Completion: \_\_\_\_\_

Please return this completed form to:

Hidden Shores HOA, Inc

C/o Etheridge Property Management

908 Gardengate Circle

Pensacola, FL 32504

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ARCHITECTURAL CONTROL COMMITTEE USE ONLY:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Not

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Not

Comments: