HAMMOCK LAKE ESTATES HOMEOWNERS INC

ARCHITECTURAL REVIEW COMMITTEE APPLICATION

COMMUNITY:	
DATE:	
NAME:	
ADDRESS: TELEPHONE:	
DAY:	EVENING:
	Email:
structure. (If applicable, ple The reverse side of this appl	ne, type of materials and colors to be used for the new ase attach survey, landscaping plan, elevations, etc.) ication may be used for sketches for smaller additions. r plans, front and rear elevations.
Contractor:	Telephone:
	to starting your project, you must obtain Architectural and then obtain any and all necessary permits required na.
	DO NOT WRITE IN THIS SPACE
On this day of Reviewed the above applic	, 20, the Architectural Review Committee cation.
The CommitteeAPR0	VED said application subject to the following conditions:
The Committee DISAP	PROVED said application due to the following:
Signed:	
Dated:	

PLEASE RETURN COMPLETED APPLICATION TO <u>Hammocklake@outlook.com</u>