# AUBURN HAMMOCKS OWNERS ASSOCIATION, INC.

Complete this entire form and submit with drawings and/or blueprints to: HOA ARC Liaison: Kris Grossman Email: shorecon@gmail.com Managed by: Argus Management of Venice, Inc. 1062 E. Venice Ave. Venice, FL 34285 Office: 941-408-7413 ~ Fax: 941-408-7419 www.argusvenice.com

## **Application for Alteration**

Although the Architectural Review Committee will make every effort to review your request expeditiously please allow 30 days for the process to be completed.

Complete the entire form. Incomplete form and/or omission of required information will delay the review and approval process. Please include a phone number where you can be readily reached in the event additional information or clarification is needed.

#### **To: Architectural Review Committee:**

I (We), owner(s)		of Reclinata Circle, Venice, FL.
Phone:	Email:	request approval to make the following
changes or alterat	ions to our unit:	

#### ATTACH DRAWINGS, Copies of CONTRACTOR LICENSE and LIABILITY INSURANCE

Work is to be done by: Contractor:

License #:	Phone:
Insurance Info: _	

By this request, I/we assume full responsibility for conformity, installation, maintenance, replacement and all cost of above work. I/we further agree to indemnify and hold harmless the Auburn Hammocks Owners Association, Inc. for any claims arising from this action.

<b>Owner Signature:</b>	Date:
e	

Owner Signature:\_\_\_\_\_ Date:\_\_\_\_\_

### **\*\*Architectural Review Committee Use Only\*\*** \_\_\_\_\_ Approved

Denied: Reason(s)

Request is approved only as indicated in this application and with these further conditions:

ARC Representat	ive Signature:	Date:
Board Member	Signature:	Date:

Revised March 28, 2023