

HOLLY TRACE HOMEOWNERS' ASSOCIATION ARCHITECTURAL REVIEW APPLICATION

Application must be submitted 30 days prior to the anticipated start date of project. The Architectural Review Committee (ARC) will make every effort to process each application in a timely manner; however failure to receive a response within 30 days DOES NOT mean the application is approved. Do not begin the project until the ARC approval is granted in writing.

To: Holly Trace, Architectural Review Committee Date: _____

From: Property Owner(s): _____

Mailing Address: _____

Telephone: _____ Email Address: _____

O Please check here if you would like to receive your notification via e-mail.

Requested Property Address (*if different from above*): _____

As owner of the above property, I/We submit the following for consideration and approval by the Architectural Review Committee. It is my/our desire to add or change the following: (Check One Below)

- _____ **Landscaping Plan** (attach an original copy of proposed plan)
- _____ **Fence Plan and Detail** (attach a copy of the original plot plan and a plot plan with a sketch showing fence location, type, height, color, etc...include the bid or scope of work)
- _____ **Pool Plan and Detail** (attach a copy of the original plot plan and a plot plan with a sketch showing pool location, proposed screening, etc...include the bid or scope of work)
- _____ **Screen Room or Addition** (attach a copy of the original plot plan and a plot plan with a sketch showing improvement, denoting materials to be used, colors, etc., including the actual bid)
- _____ **Paint:** Please submit color swatch for Body, Trim and Door choices
- _____ **Hurricane Shutters:** Please include the date they will be put on the house and the date they will be removed.
- _____ **Other:** (list details; attach a copy of the original plot plan and a plot plan with a sketch showing the change and include any bids associated with the project)

Fully Describe Request below or attach detailed description.

If this application is approved, I accept full responsibility for any actions of the contractor, vendor, or their employees for any damage or alteration which may occur to Holly Trace HOA common areas or other property in Holly Trace HOA as an outcome of this project and agree to replace/restore such damaged property to its original condition. I further understand that I will be responsible for obtaining all appropriate permits, licenses and/or insurance as may be required by Palm Bay, Brevard County or Florida State agencies prior to commencement of this project.

Projected Start Date: _____

Owners Signature: _____ **Date:** _____

Please fully complete and return to:
Holly Trace HOA
c/o: Fairway Management
2051 Bramblewood Circle SE
Palm Bay, FL, FL 32909

ARC: Approval _____ **Disapproval** _____ **Date** _____ **Signature** _____

Please phone (321) 984-2201 for any questions pertaining to this application or contact:
joy@fairwaymgmt.com