

REQUEST FOR ARCHITECTURAL APPROVAL  
(ARC FORM)

**Hudson Harbour Condominium Association, Inc**

This is a request form to be completed by the unit owner and submitted to the Board of Directors for approval **BEFORE** any work commences. A \$750 refundable security deposit (payable to Hudson Harbour Condominium Association) is required to ensure there are no damages to the common areas as a result of unit alterations. Please complete in its entirety and email to [office@cam-ss.com](mailto:office@cam-ss.com) or fax to 941 870-8490.

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THIS ARC FORM IS NULL & VOID WITHOUT COMPLETE DETAILS. A Unit Survey may be beneficial when submitting this ARC Form for any work to the interior of a unit.

THIS SECTION IS TO BE COMPLETED BY THE UNIT OWNER

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Phone: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

DESCRIBE THE (S)/ADDITION/INSTALLATION: (i.e. specific unit renovations).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION WITHIN UNIT: \_\_\_\_\_

\_\_\_\_\_

SPECIFICATION: (Attach a copy of the plans, suitable drawing or permit).

DIMENSIONS: \_\_\_\_\_

MATERIAL: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

Must be COMPLETED within ninety (90) days of start date of alterations.

NOTE: Per the Governing documents: OWNERS ARE RESPONSIBLE FOR THE WORK/ACTION OF PERSONS UNDER THEIR EMPLOY, DIRECTION OR AUTHORITY. Please supervise the work to ensure that damage to common areas does not occur or is incurred. ALL REQUESTS MUST CONFORM TO THE LOCAL ZONING AND BUILDING REGULATIONS AND OWNERS ARE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS, IF YOUR REQUEST IS APPROVED.

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THIS SECTION TO BE COMPLETED BY THE MANAGEMENT COMPANY \_\_\_\_\_

REQUEST: DATE APPROVED: \_\_\_\_\_ DATE DENIED: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

Approval Comments or Conditions: \_\_\_\_\_

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