

# Pine Hollow Condominium Association

C/O CMC Management Company  
2950 Jog Road, Greenacres, FL. 33467  
Phone 561-641-1016 ~ Fax 561-641-9118

## Request for Architectural Review

Complete ALL information and submit documents required. Incomplete applications are not acceptable and will be returned.

Fill out application, sign and submit original along with supporting documentation and return to: CMC Management Company, 2950 Jog Road, Greenacres, FL. 33467

(Please print)

Homeowner: \_\_\_\_\_

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

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

Phones: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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**A. Brief Description:** Give a brief description of the alteration, improvement, or modification you would like to make on the interior flooring of your unit. Include relevant details such as location, dimensions, materials, color, design, and other information or documents that will fully inform the ARB Members.

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**B. Attach the following items to this application:**

- \_\_\_\_\_ Copy of the sub-contractor's license, if relevant
- \_\_\_\_\_ Copy of sub-contractor's insurance certificate, including general liability and workers compensation

(Photographs of the site are encouraged and assist the ARB)

C. No alteration may be done to the building, Common Elements or Limited Common Elements.

D. I have read, understand, and agree to abide by the Covenants and Restrictions of the Association.

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In addition, I agree to be responsible for the following:

1. Local, state and other permits, which must be obtained by the owner prior to the commencement of work.
2. Compliance with all local and state building and zoning codes.

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3. All damage caused to other lots, including common area damage, as a result of the work pursuant to this application.
4. Compliance with the conditions of the approval of this application.

I understand that the ARB does not review and assumes no responsibility for the structural adequacy, capacity or safety features of the proposed alteration, or for performance, workmanship, or quality of work of any contractor or of the completed alteration.

I agree to abide by the decision of the ARB. If the modification is not completed as approved with the specifications submitted in this application and if I refuse to correct or remove the modification, I shall be subject to court action by the Association. I ALSO AGREE TO MOVE THE SAID FLOORING SHOULD THE OWNER OF THE UNIT JUST BELOW MINE COMPLAINS OF NOISE. In such event, I shall be responsible for all reasonable attorneys' fees.

Homeowner' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: Approved by ARB \_\_\_\_\_ Disapproved by ARB \_\_\_\_\_ Deferred by ARB \_\_\_\_\_

Conditions for Approval or Reasons for Disapproval or Deferral:

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Pine Hollow Authorized Agent

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Date