



**HAMMOCK TRAILS HOMEOWNERS ASSOCIATION, INC.**

**ARCHITECTURAL REVIEW BOARD (ARB) APPLICATION**

MAIL APPLICATION TO: 8390 CHAMPIONS GATE BLVD, SUITE 304  
CHAMPIONS GATE, FL 33896

OR EMAIL TO: [customerservice@artemislifestyles.com](mailto:customerservice@artemislifestyles.com)

OFFICE: (863) 256-5052

**NOT TO BE USED FOR SHED REQUESTS!**

Name/s \_\_\_\_\_ Email: \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (s) Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions and the Association’s rules and regulations, installation must conform to this approval and the Association’s guidelines. I hereby request your consent to make the following change, alteration, renovation and/or addition to my property (**a separate application must be submitted for each project -- do not combine projects on one application**).

**Check only one:**

- Fence
- Swimming Pool
- Lawn Ornament
- Patio
- Screen enclosure
- Exterior Color
- Landscaping
- Lawn Replacement
- Other \_\_\_\_\_

Description: \_\_\_\_\_

Attach one (1) copy of the property survey that shows the locations of the proposed change, alteration, renovation or addition.  
Attach one (1) set of drawings of your plan(s). Attach one (1) color samples, if applicable.

**NOTE: APPLICATIONS SUBMITTED WITHOUT COMPLETE COPIES OF THE SURVEY MAP, DRAWING, OR COLOR SAMPLES WILL BE CONSIDERED INCOMPLETE. IF AN APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.**

**I HEREBY UNDERSTAND AND AGREE AND ADHERE TO THE FOLLOWING CONDITIONS:**

1. No work will begin until written approval is received from the Association. I have **60 days from the approval date, unless otherwise noted in the approval conditions**, to complete the work. If not, then you must reapply for ARB approval.
2. All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.
3. All work will be performed in a timely manner that will minimize interference and inconvenience to other residents.
4. I assume all liability and will be responsible for any and all damages to other lots and / or common area, which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with this work.
6. **I am responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work. I will obtain any necessary governmental permits and approval for the work.**
7. Upon receipt, Artemis Lifestyles will forward the ARB Application to the Association. A decision by the Association may take up to **30 days**. I will be notified in writing when the application is either approved or denied.
8. **I will adhere to any additional conditions that may be outlined in the approval letter.**

**ALL HOMEOWNERS ARE RESPONSIBLE FOR FOLLOWING THE RULES AND GUIDELINES OF THEIR ASSOCIATION WHEN MAKING ANY EXTERIOR MODIFICATIONS, REFERENCE THE "ARCHITECTURAL REVIEW BOARD STANDARDS AND GUIDELINES FOR DETACHED SINGLE-FAMILY COMMUNITIES."**

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_