



## Bellerive at Fox Hollow Structural Architectural Change Request

**This form is for STRUCTURAL requests only**

**Please read all the information below - Application is on next page.**

1. The Architectural Review Committee (ARC) request form must be completed and approved prior to commencement to any exterior work.
2. When applicable, a copy of the plat map for the property indicating the location of the change is also necessary.
3. The Structural Architectural Change Request must then be mailed or emailed to the Management Company:

Management and Associates  
Att: Bellerive ARC  
720 Brooker Creek Blvd. #206  
Oldsmar, FL 34677

or emailed to: [nlucas@mgmt-assoc.com](mailto:nlucas@mgmt-assoc.com)

4. The Management Company will review your request and insure that it has been completed properly.
5. The Management Company will forward the request to the Bellerive ARC.
6. When ARC receives the request, if necessary they will contact the owner for more information.
7. ARC will then review the request based on the Homeowners' Association Covenants, Conditions and Restrictions which govern the association and make a decision.
8. When reviewed, the ARC will return the request to the property manager.
9. The Management Company will then notify the owner through written correspondence and/or email of the ARC's decision.
10. Allow up to four weeks for review process to be completed.

**Structural Architectural Change Request Application on Next Page**



# Bellerive at Fox Hollow Structural Architectural Change Request Application

## Read Instructions - Missing info WILL cause delays



INSTRUCTIONS: In order to process this application, the following items, 1 through 3 must be submitted to the address listed below. **ARC has up to 30 days to respond:**

1. This completed application
2. Architectural drawings as needed
3. Copy of County Permits (If applicable)

For questions only  
[changerequest@bellerivefoxhollow.com](mailto:changerequest@bellerivefoxhollow.com)

**Please include sets of complete plans, sketches, color chips, and/or other appropriate information.**

Email Form to: [nlucas@mgmt-assoc.com](mailto:nlucas@mgmt-assoc.com)

Or Mail to:

Management and Associates  
Att: Bellerive ARC  
720 Brooker Creek Blvd. #206  
Oldsmar, FL 34677

**To: Board of Directors and/or Architectural Review Committee**

From: Owner(s) Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We are hereby requesting to make the following modification, alteration or addition as described below (Check all that Apply):

- |                |        |                   |              |           |          |                |
|----------------|--------|-------------------|--------------|-----------|----------|----------------|
| Lighting       | Roof   | Doors & Windows   | Shutter      | Landscape | Driveway | Satellite Dish |
| Roof Extension | Awning | Screen Enclosures | Fence & Gate | Trellis   | Other    |                |

Description (Attach additional pages if necessary):

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

**For Board of Directors and/or Architectural Review Board Use Only:**

Date Application Received: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

Approval Granted:      Subject to additional terms or requirements as noted below and / or attached (      Check if Applicable)

Approval Denied:      Explanation: \_\_\_\_\_

Member(s) of the Board of Directors and/or Architectural Review Board

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_