

# Bellerive at Fox Hollow

## Paint Architectural Change Request

This form is for **PAINT** requests only

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

Effective February 5th 2021, a pre-defined color pallet was approved by the BOD. The color palette contains 50 color choices that can be viewed at Sherwin Williams website. Only the Sherwin Williams color palettes are approved.

You can view the color choices by going to the link below\*

[www.bellerivefoxhollow.com/paintcolors](http://www.bellerivefoxhollow.com/paintcolors)

If you choose **NOT** to use Sherwin William products, **you must use an exact match to one of the predefined color palettes from the link above.**

**\*NOTE:** We suggest you view the colors palette swatches in the Sherwin William store as what you see on your computer monitor may not reflect the actual colors. The Sherwin William store is located at:

Sherwin William  
11148 Cargo Ct  
Odessa, FL 33556-3432  
(727) 376-4541

### How to submit your Paint Architectural Change Application:

1. The Architectural Review Committee (ARC) paint change request application must be completed and approved before any exterior work commences on the property.
2. The form must be completed in its entirety.
3. The Architectural Change Request must then be mailed or emailed to the 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 the request and ensure that the request has been completed in full.
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.

Paint Architectural Request Change Application on Next Page



# Bellerive at Fox Hollow Paint Architectural Request Change Application

## Read Instructions - Missing info WILL cause delays



INSTRUCTIONS: In order to process this application, the following items, 1 through 4, must be submitted to the address listed below. **ARC has up to 30 days to resspnd:**

1. This completed application
2. Executed General Contractor contract - list of sub contractors
3. Copy of Contractors current insurance certificates (General Liability / Auto Liability / Workers Compensation)
4. Copy of Contractors current business license

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

**\*Please review colors choices by going to [bellerivefoxhollow.com/paintcolors](http://bellerivefoxhollow.com/paintcolors)**

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: \_\_\_\_\_

**\*\*YOU CANNOT MIX AND MATCH BETWEEN PAINT PALETTES**

\*\*Name of Paint Palette: (example: American Heritage 1) \_\_\_\_\_

Paint Body Color Code: (example: SW 2822) \_\_\_\_\_


Paint Trim Color Code: (example: SW 2823) \_\_\_\_\_

Paint Accent Color: (note: some palettes have accent options, only choose one. Example 2810) \_\_\_\_\_

Front Door Color: (example: SW 2822) \_\_\_\_\_ Garage Door Color: (example: SW 2822) \_\_\_\_\_

**NOTE: You no longer need to submit paint color chips. Just fill in the info above.**

Additional comments (optional):

 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: \_\_\_\_\_