



Crestview Hidden Valley Homeowners Association
PO Box 1973
Crestview, FL 32536
hiddenvallyflHOA@gmail.com

DESIGN REVIEW REQUEST

HOMEOWNER _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____ CITY,

STATE, ZIP _____ E-Mail Address _____

PLEASE INDICATE THE TYPE OF IMPROVEMENT THAT YOU ARE REQUESTING.

- | | |
|--|--|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Patio Cover |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Roofing (please include manufacturer and color) |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Drive/Walk Addition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Deck/Patio Slab | |

Please describe the improvements that you are requesting (attach additional documentation as needed.)

I understand that I must obtain approval of the Association before I commence any improvements. I understand that Association approval does not relieve me of my responsibility to obtain building permits from the County of Okaloosa, if required. I understand that my improvements must be completed per specifications or approval is withdrawn.

Homeowner _____ Date _____ Projected Completion Date _____
Signature

Architectural Review Committee Action:

- ☐ Approved as submitted Must be completed by: _____ ☐ Approved with the following Changes.
- ☐ Disapproved

Architectural Review Committee _____ Date _____
Signature