

**ALTERATION APPLICATION  
FOR CROSS CREEK HOMEOWNERS ASSOCIATION**  
Submit completed form and supporting documents to:  
Management and Associates  
720 Brooker Creek Blvd Suite 206  
Oldsmar, FL 34677 or deliver to an ARB member

Property Owner's Name:	Property Address:
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Home Phone:	Cell Phone:	E-Mail
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Estimated Start Date:	Estimated completion Date:
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Contractor's Name/Address:
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**Project Description:** Describe briefly the proposed change or addition. Cite materials to be used and proposed color(s). Describe similarities to existing structures, if applicable. Use a separate sheet if necessary. Attach clear, legible drawings.

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**Adjacent Property Owners:** By your signature you acknowledge that you have been informed of the proposed alteration and that you have no objection. Note: While the signature of the adjacent property owners is not required by the Covenant, it is in keeping with the good neighbor policy prevalent in Cross Creek and will assist the person(s) being called up on to approve the alteration

<u>Name</u>	<u>Address</u>	<u>Signature</u>

This form is to be submitted along with the a sketch, site plan, survey and specifications agreed upon with the contractor (if applicable) and a listing of materials and colors to be used. By submitting this application, the applicant agrees that upon the approval the alterations will be completed without variation from the approved plans.

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

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To be completed by the Architectural Review Committee

Approval \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

ARBComments: \_\_\_\_\_  
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 \_\_\_\_\_  
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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_