

# 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  
Hand deliver to an ARB Committee Member

<b>Property Owner's Name:</b>		<b>Property Address:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>E-Mail:</b>
<b>Estimated Start Date:</b>		<b>Estimated Completion Date:</b>
<b>Contractor's Name/Address:</b>		

**Project Description:** Provide a clear and legible description of the proposed change or addition. Use a separate sheet if necessary. Attach clear, legible drawings or photos. As applicable, include a sketch, site plan, survey and specifications agreed upon with the contractor and a listing of materials/colors and samples when appropriate.

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Signature(s) of the adjacent homeowners is required for all projects affecting drainage. For any other projects, it is recommended the signatures of adjacent homeowners be obtained in keeping with the good neighbor policy prevalent in Cross Creek. It will also assist the ARB Committee in their review of the application.

*Adjacent Homeowners: By your signature below you acknowledge that you have been informed of the proposed alteration and that you have no objection.*

<u>Adjacent Homeowner Name</u>	<u>Address</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____

☐ **CHECK THIS BOX.** "I confirm that I have read the most current Cross Creek Architectural Guidelines and HOA Rules & Regulations and affirm that this submission is in compliance with these guidelines. By submitting this application, I agree that upon approval, the alterations will be completed without variation from the approved plans. Upon completion of the approved project, I will promptly notify the ARB Committee so a Completion Inspection can be performed."

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

\*\*\*\*\*Below To be completed by the Architectural Review Committee\*\*\*\*\*

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

ARB Comments:

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Authorized Signature _____	Date _____
Authorized Signature _____	Date _____
Authorized Signature _____	Date _____