

**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. 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 or photos.

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Signature(s) of the adjacent property owners is **required** for all projects affecting drainage. For any other projects, it is recommended the signatures of adjacent property owners 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 Property Owners: By your signature below you acknowledge that you have been informed of the proposed alteration and that you have no objection.*

<u>Adjacent Property Owner Name</u>	<u>Address</u>	<u>Signature</u>
_____	_____	_____

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

**Upon completion of the approved project, applicant will promptly notify the ARB Committee so a Completion Inspection can be performed.**

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

\*\*\*\*\*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 _____