

**CREEKSIDE HOMEOWNERS' ASSOCIATION
REQUEST FOR EXTERIOR ADDITION OR MODIFICATION & LANDSCAPE CHANGE COVERSHEET**

****PRIOR APPROVAL MUST BE OBTAINED BEFORE WORK MAY COMMENCE****

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

OFF-SITE ADDRESS: _____ LOT #: _____

DOCUMENT CHECKLIST (provide all necessary information with this proposal so that upon review by the Board your project can be clearly understood. Details to include but not limited to: diagram of lot showing site of project, dimensions, materials and any other information that will define all aspects of the work being proposed)

- | | |
|--|---|
| <input type="checkbox"/> Specifications/dimensions | <input type="checkbox"/> Building Plans / elevations / drawings |
| <input type="checkbox"/> Details/description of materials | <input type="checkbox"/> Vendor Information |
| <input type="checkbox"/> Painting – requires samples of paint* | <input type="checkbox"/> Photos <input type="checkbox"/> Other |
- *(SEE DEFINED PALETTE OF COLORS)

DESCRIPTION OF REQUEST(S) (Number if more than one) Attach all documentation necessary to define project

Contractor: _____
Address: _____
Certificate of Insurance: _____
Occupational License #: _____

HOMEOWNER'S AFFIDAVIT

I HAVE READ THE DEED RESTRICTIONS AND POLICIES OF CREEKSIDE HOMEOWNERS' ASSOCIATION AND AGREE TO ABIDE BY THE SAME. **NO WORK WILL COMMENCE WITHOUT THE PRIOR WRITTEN APPROVAL OF THE ARCHITECTURAL CONTROL COMMITTEE OR THE BOARD OF DIRECTORS ACTING AS THE COMMITTEE.** I UNDERSTAND THAT NO CONSIDERATION OF APPLICATION CAN BE MADE UNTIL THE ACC OR THE BOARD OF DIRECTORS RECEIVES IT. **BE ADVISED THAT THIS REVIEW BY THE ASSOCIATION DOES NOT RELIEVE THE HOMEOWNER FROM COMPLYING WITH ALL THE REQUIREMENTS OF ANY GOVERNMENTAL AGENCY HAVING JURISDICTION PERTAINING TO THE PROPOSED WORK. THIS INCLUDES, BUT IS NOT LIMITED TO, THE BUILDING DEPARTMENT AND THE ZONING DEPARTMENT, INCLUDING ALL PERMITS REQUIRED BY THOSE AGENCIES.**

Owner's Signature _____ Date _____

- | | |
|--|--|
| <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Insufficient information; please resubmit |
| <input type="checkbox"/> Not approved – SEE ATTACHED | <input type="checkbox"/> Conditional approval – SEE ATTACHED |

Signature: _____	Please Print Name: _____
Signature: _____	Please Print Name: _____
Signature: _____	Please Print Name: _____

DATE: _____

PLEASE MAIL YOUR REQUEST TO:

Creekside HOA c/o AmeriTech Community Management, Inc, 24701 Highway 19 N, Suite 102
Clearwater, FL 33736 or FAX (727) 726-1101