



ARCHITECTURAL MODIFICATION REQUEST FORM

Owner(s) Name(s): _____ Address: _____

Telephone Number: _____ Email: _____

Is this application a re-submittal of a previous application? Yes No

Is this a new addition, modification, or both? New Addition Modification Both

Nature of addition or modification (check all that apply):

Pool/Spa Screen Enclosure Satellite Fence Painting Landscaping Playset
 Basketball Equipment New Construction Other

Detailed description of work (Dimension, Color, Style, Etc.): _____

_____ (Attach Continuation if Necessary)

If Painting, Specify Approved Paint Colors and Combinations (see Architectural Guidelines, Standards and Criteria for approved paint colors and combinations):

Body: Name: _____ No.: _____ Manufacturer: _____

Trim: Name: _____ No.: _____ Manufacturer: _____

Accent 1: Name: _____ No.: _____ Manufacturer: _____

Accent 2: Name: _____ No.: _____ Manufacturer: _____

Approved paint colors must be used for their corresponding components (body, trim, accent) only. Please refer to the Architectural Guidelines, Standards and Criteria for definitions of Body, Trim and Accent. Owners are not required to use a specific manufacturer brand of paint, but the brand chosen must be of the same colors as the manufacturer's paint number indicated above. The unit owner has confirmed the actual color of the paint chips of the manufacturer listed above and has not relied on a photocopy of such colors, such as is included within the Association's Architectural Guidelines, Standards and Criteria, which may not be fully accurate due to copying or reproduction conditions.

If Painting, is the proposed body color currently in use by any homes which are four or fewer lots away from your home (on either side of the street)? Yes: _____ No: _____

Note: Requests for approval of colors which are currently in use by any homes which are four or fewer lots away from your home will not be approved.

Contractor: _____

Street Address: _____

City: _____

Telephone Number: _____

Expected start date of work: _____

Expected end date of work: _____

If installing a fence, basketball hoop or trampoline, obtain signatures of adjacent neighbors:

1. _____

Neighbor's Signature	Address
-----------------------------	----------------

2. _____

Neighbor's Signature	Address
-----------------------------	----------------

Please Submit Along With All Three (3) Pages of This Completed Application:

1. If work is other than painting, copies of any and all plans, elevations, sketches, blueprints, invoices, estimates or work descriptions sufficient to show with detail the location and nature of the proposed improvements;
2. If addition, lot survey bearing signature and seal of surveyor.
3. Any necessary permits.
4. Licenses of all contractors and subcontractors known to be involved with the work.

Terms and Conditions:

- 1) No Work may be performed until such time as an application has been completed by the Owner(s) and approved by the Association.
- 2) The undersigned property owner hereby acknowledges and agrees that the undersigned shall be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, code, and ordinances: including, without limitation, zoning ordinances, subdivision and community development district regulations, and building codes. The Spring Ridge of Hernando Homeowners Association, Inc. shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances.
- 3) All work shall be completed in strict compliance with the approved plans and in full compliance with the Association's Architectural Guidelines, Standards Criteria, which are available upon request from the Association. Owner(s) acknowledge that any alterations made without approval by the Association or not in compliance with the Architectural Guidelines, Standards and Criteria will result in the requirement that such alterations be removed and the unit returned to its prior condition.
- 4) At the time of completion of the project, the Owner must contact the management company in order for the project to be reviewed for compliance with the approved Architectural Modification Request Form.

Owner:
Signature: _____

Co-Owner:
Signature: _____

Print: _____

Print: _____

Date: _____

Date: _____

PLEASE ALLOW UP TO 30 DAYS TO RECEIVE A REPLY FROM THE ASSOCIATION

FOR ASSOCIATION USE ONLY

Date Application Received: _____

Application Received Via: **Email:** _____ **Mail:** _____ **Delivery:** _____ **Fax:** _____

ACTION OF ARCHITECTURAL REVIEW COMMITTEE:

_____ Approved

_____ Approved with the following conditions: _____

_____ Denied for the following reasons: _____

Date: _____

COMMITTEE MEMBER SIGNATURES:

Signature: _____ Signature: _____ Signature: _____

Print: _____ Print: _____ Print: _____

Date of Post-Completion Inspection Request: _____

Inspection Request Received Via: **Email:** _____ **Mail:** _____ **Delivery:** _____ **Fax:** _____

Inspected by: _____ **Date:** _____

Completed Work Compliant with owner's application and Architectural Guidelines, Standards and Criteria:

Yes: _____ No: _____

Notes/Comments: _____

Signature: _____

Print: _____