

**CREEKSIDE HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH
COUNTY ARCHITECTURE CONTROL COMMITTEE APPLICATION
FORM.**

1. Applicant's name, address, and telephone number:

2. Owner's name, address, and telephone number:

3. Location of Proposed Changes:

a. Lot: _____
b. Block: _____

4. Existing feature(s) of residence (general description – please also include Site Plan showing structures, landscaping, proposed changes):

5. Description of proposed improvements/changes (general description – please also include Site Plan showing nature, kind, shape height, materials and location of structures, landscaping, proposed changes or paint chips) Please feel free to use an additional sheet of paper.

6. Requested start date: _____ Anticipated completion date: _____

7. Who is doing the work? Please list contractor's name, address, phone number, and license number.

**Please submit the package with attachments to:
Creekside Homeowners Association, Inc of Hillsborough County
c/o L.E. Wilson & Associates, Inc.
P.O. Box 1058
Ruskin, FL 33575
(813) 645-1569 phone
(813) 641-1215 fax
KJoines2@LEWilsonInc.com**

APPLICANT SIGNATURE _____ DATE: _____

If the modification as constructed deviates from submitted plans, then the approval shall be withdrawn and void.

PLEASE SUBMIT THIS FORM ALONG WITH A COPY OF YOUR PLANS TO THE MANAGEMENT COMPANY AT THE ADDRESS ABOVE.