ST. ANDREWS ESTATES HOMEOWNERS ASSOCIATION (SAEHOA) Application for Exterior Alteration and/or Architectural Design Modification

Reference: SAEHOA Bylaws/Declaration of Covenants and Restrictions

(Please print or type clearly on all portions of the form.)

Property Address:	Property Address:	
Homeowner's Name		
Homeowner's Mailing Address:		
Phone:	Email:	
Estimated start date:	Estimated end date:	
Description of project:		
(address and phone number), attach papplicable. Attach separate sheet if no date to afford adequate time to be rev	ype of material(s), dimensions, exact location, color, contractor name pertinent contractor drawings and/or other documents to this form, if ecessary. Please submit your application at least a month before start viewed.	
HOMEOWNERS:		
required by the Hillsborough County paperwork is reviewed and the appro	codes and set-back requirements, as set forth by the permitting process, building department. The ARC will contact me as soon as all the oval/denial process is met. Date:	
•	m to: the SAE-HOA Board President or the ARC Chairperson. nail it to: SAEHOAARC@gmail.com, or mail it to:	
SAEHOA Attn: AR	C, P.O. Box Box 5283, Sun City Center, FL 33571	
Ar Committee notes:	chitectural Review Committee Only	
Approved: Denied:		
ARC Chairperson signature:	Date:	
Homeowner Notification Date:		