

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

Date Application Submitted: _____

1. Owner's name, address, email, and telephone number:

2. Location of Proposed Changes:

- a. Lot: _____
- b. Block: _____

3. Existing feature(s) of residence (general description – please also include site plan/survey showing structures, landscaping, proposed changes):

4. Description of proposed improvements/changes (general description – please also include site plan/survey 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.

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

6. 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 Condominium Associates
2019 Osprey Lane Suite B
Lutz, FL 33549
(813) 341-0943 phone (813) 949-6041 fax
pasco@condominiumassociates.com**

OWNER'S SIGNATURE _____

DATE: _____

Note that it is assumed that the homeowner has reviewed and is familiar with all policies and guidelines of the Creekside HOA Covenant and Declaration. Including the requirement to properly landscape in front of all fences.

The homeowner assumes all responsibility to determine if permits are required and obtain them from Hillsborough County.

If the modification, as constructed, deviates from submitted plans, then the approval shall be withdrawn and void.

PLEASE ALLOW UP TO 45-DAYS TO RECEIVE AN APPROVAL FROM THE HOA BOARD

Application Received by Condominium Associates On: _____

OFFICIAL USE ONLY - ACTION:

Approved as Submitted:

Recommended approval with Stipulations:

Request denied for the following reason:

Date

Board Member or Association Mgr.