

CREEKSIDE

HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY

Architectural Control Application

Homeowner Name: _____ Email: _____

Property Address: _____ Phone: _____

- You will receive written notification of the Architectural Control Committee's (ACC) determination within 45 days of the Association's receipt of this application. **Status updates are not available from management.**
- If requesting approval for multiple alterations, each alteration must be submitted on a separate application.

PAINT: Select colors from Association's approved color palette.

Scheme Number:	Body of Home: Color # _____ Color Name _____
	Trim/Accent: Color # _____ Color Name _____
	Front Door: Color # _____ Color Name _____
	Garage Doors: Color # _____ Color Name _____

Describe any other alteration and provide all required supporting documentation indicated below:

The following supporting documentation must be included or this application will be rejected:

- Lot Survey indicating exactly where alteration will occur on the lot, along with all existing structures.
- Description of types, styles, colors, size/ dimensions of materials or structures (e.g. pictures, manufacturer brochure, vendor information and/or contractor specification/ build list that contains detailed description of materials to be used).

While the Association may grant approval for the requested alteration, the homeowner is solely responsible for seeking the required county/ city permit(s). Some alterations require permit(s) from one or more county/ city departments. The obligation to determine whether the requested improvement, alteration or addition complies with any applicable law, rule, regulation, code or ordinance is strictly the responsibility of the homeowner. Additionally, it is understood and agreed that the Association as well as McNeil Management Services, Inc. are not required to take any action to repair, replace or maintain any such approved change, alteration or addition, or any structure or any other property. The homeowner and its assigns assume all responsibility and cost for any addition or change and its future upkeep and maintenance.

- I understand that the Association will contact me in writing regarding their approval or denial of this request.
- I agree not to commence any alteration(s) until I have received written approval from the Association.
- I agree that work must be completed within six (6) months from the date this request is approved.
- If an alteration I perform is found NOT to be in compliance with this application or community standards, I agree to return the property to its original, pre-alteration condition within forty-five (45) days of written notification to do so.

HOMEOWNER SIGNATURE: _____ REQUEST DATE: _____

Please submit this completed application and required supporting documentation to:

McNeil Management Services, Inc.
P.O. Box 6235, Brandon, FL 33508-6004
Phone: (813) 571-7100 Fax: (813) 689-2747
Email: management@mcneilmsi.com
Web: www.mcneilmsi.com

FOR ASSOCIATION USE ONLY

APPROVED _____ DENIED _____ DATE REVIEWED: _____

STIPULATION(s) or REASON(s): _____

AUTHORIZED SIGNATURE(s): _____