

CARROLLWOOD CROSSING POA

c/o Ameri-Tech Community Management, Inc.

5434 Grand Blvd.

New Port Richey, FL 34652

Phone (727) 726-8000 Fax (727) 723-0981

ARCHITECTURAL CHANGE FORM

PLEASE DO NOT START ANY WORK UNTIL APPROVAL IS GIVEN

ATTENTION: ARCHITECTURAL COMMITTEE (AC) DATE: _____

The undersigned owner seeks approval of the Committee as follows:

_____ Painting (Color Chips included for House)

_____ Additions/Alterations of Existing Structures/or Property (including Satellite Dishes)

_____ Prior Additions/Alterations of Existing Structure/or Property Narrative Description of Additions/Alterations _____

(Continue on Additional Sheet if Necessary & Include Lot Survey for Landscaping Requests)

INCLUDE:

_____ Lot Survey Showing Dimension, Setbacks, Landscapping, etc.

_____ New Structure—Plans Enclosed Including Lot Survey, Landscaping Plan and Exterior Materials and Colors.

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 regulations and building codes. The Architectural Committee shall have no liability or obligation to determine whether such improvements, alterations and additions comply with any such laws, rules, regulations, codes or ordinances.

SIGNATURE OF OWNER _____

PRINT NAME _____

ADDRESS: _____

PHONE (HOME) _____ CELL PHONE _____

ACTION OF THE COMMITTEE/BOARD

_____ RECOMMEND APPROVAL

_____ DISAPPROVE FOR THE FOLLOWING REASON _____

AC CHAIRPERSON SIGNATURE _____

_____ Date Received _____ Date Mailed to Homeowner