

ARCHITECTURAL REVIEW COMMITTEE
REQUEST FOR MODIFICATION
PINEHURST AT CROSS CREEK PARCEL M ASSOCIATION, INC.
P.O. BOX 342069, TAMPA, FL 33694-2069
813-968-4709 * 813-968-4728 FAX
joannppm@verizon.net

I, , hereby request approval by the Architectural Review Committee for the modification shown below to Unit/Lot# _____ located at: _____

Describe changes: _____

Upon approval of my request for this modification, I/We will assume liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred. I also agree to obtain any permits that may be required by any and all governmental agencies for this modification.

Attached, please find the following additional information:

- A Sketch including the dimensions, of the proposed modification
- The location of the modification on my property
- Copy of the survey of my property
- Color samples, if applicable.

Use additional sheets if necessary. Telephone # _____

Owner(s) Signature(s): _____ Date: _____
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The above request for modification to Unit/Lot# _____ has been () APPROVED
() APPROVED WITH THE FOLLOWING CHANGES () DISAPPROVED

DATE: _____ CHAIRPERSON ARC: _____

DATE: _____ BOARD OF DIRECTORS: _____