

Summer Lakes Tract 7 Homeowners Association, Inc.

Exterior Change Request Form

Return to: Community Management Services, Inc.
5609 US 19 Suite E. New Port Richey, Fl. 34652
(727)816-9900 or Fax (727)816-9949

Name: _____ Home Phone: _____

Property Address: _____ Lot#: _____

Proposed Project Description:

Proposal Contractor: _____

(All permits required from the county or other governmental entities must be posted as may be required by law.)

Estimated Start Date: _____ Estimated Completion Date: _____

Please attach two (2) sets of complete plans, sketches, color chips and / or other appropriate information.

Approval by the Architectural Review Committee (ARC) is required prior to commencing work on the proposed project. A copy of this form will be returned with the ARC's decision. The ARC will have up to 30 days from the receipt to approve this application.

The undersigned applicant acknowledges that the proposed improvement or change complies With all the rules and regulations contained in the Declaration of Covenants, Conditions and Restrictions for Summer Lakes Tract 7 Homeowners Association, Inc.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

FOR ARC USE ONLY

Date Received _____

ARC Decision:

This request is APPROVED as submitted: _____

This request is APPROVED SUBJECT TO: _____

This request is DISAPPROVED because: _____

Signature of Committee Representative _____

Date _____