COUNTRY CHASE RESIDENTIAL HOMEOWNERS' ASSOCIATION ARCHITECTURAL REVIEW FORM

Request for Exterior Modifications

Request Date:					
Name:					
Address:					
Phone:					
Exterior Painting/Windows	Please submit origi painting same color	:.) Garage Door mus	or house, trim, exter t be painted same co	rior doors and lanais. (Not required to the color as body of home. Please out on shutters. White windows only	ıtline
Fencing	Please submit copy		nce indicated. (All	1 finished sides of fence must	
Landscape Changes	Please submit plot		changes/removal. In	Indicate types of plants, landscap	ping,
Satellite Dish/Solar Panels					
Pool/Spa		of survey with pool &	& deck design. Indic	cate cage area including height (n	ot to
Lanai Screening/Extension		of plan indicating are enclosure shall not ex		dicate if concrete slab addition wi	ill be
Roof				(Drip edge may be painted to n	natch
Gutters/Downspouts	White gutters and d	ownspouts only. May	y be painted to matcl	ch color of body of home.	
ADJACENT PROPERTY OWNER that you have no objection. NOTE with the good neighbor policy preva signature is not obtained by the column". Signatures required if c SURE CONTRACTORS DO NOTE TOWNEY TOWNS TOWNS TOWNS TOWNS TOWN TOWNS TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	2: While the signature valent in the commun one seeking approve ontractors have to e IOT ENTER UPO	e of adjacent property nity and will assist the ral, give the name(s) nter upon neighborin N NEIGHBORING	owners is not require person(s) being cal in the "name colurg property. OWNI PROPERTY/DRI	informed of the proposed alteration ired by the Covenants, it is in kee alled upon to approve the alteration mn" and the reason in the "sign. ER IS RESPONSIBLE TO MAIVEWAYS WITHOUT EXPR	eping n. If ature AKE RESS
SAME.	(EIGIIDOKS: OV	THE RESI	ONSIDEE TO IN	TORN CONTRACTORS OF	
Name:	Signature:				
Name:	Signature:				
****Please remember that approva contractors to abide by the Associa	al must be received p	orior to beginning any	work. The homeov	owner is responsible for compliance	
This application should be sent to:	c/o COUN 720 Brook Oldsmar, F	ent & Associates TRY CHASE HOA er Creek Blvd. #206 Florida 34677			
For Association use only: Date ReComments:					
ARC Member Signature					