

**CREEKSIDE PRESERVE HOMEOWNERS ASSOCIATION, INC.**

**ALTERATION APPLICATION**

**An application requesting approval for any alteration which occurs outside the exterior walls of the dwelling MUST BE ACCOMPANIED BY THE FOLLOWING FOR CONSIDERATION:**

- **DETAIL DESCRIPTION OF ALTERATION (SEE PAGE 2 OF THIS FORM)**
- **COPY OF THE LOT SURVEY WITH THE ALTERATION(S) DRAWN ON IT**
- **LEGIBLE SKETCH AND/OR DRAWING INDICATING LOCATION, SIZE AND TYPE OF CONSTRUCTION**
- **CONTRACTOR INFORMATION**
- **COLOR SWATCHES**
- **PICTURES**
- **MATERIALS**
- **NON-REFUNDABLE \$25.00 APPLICATION FEE - PAYABLE TO CREEKSIDE PRESERVE**  
    CK # \_\_\_\_\_ \$ \_\_\_\_\_
- **OTHER PERTINENT INFORMATION AS REQUIRED**

It is recommended that you review the Declaration of Covenants, Conditions and Restrictions provided for a complete description of your responsibilities regarding Architectural Review requirements and submittals. Please mail your completed application and check (payable to Creekside Preserve) to:

Creekside Preserve HOA  
c/o RealManage Sarasota  
16 Church Street  
Osprey, FL 34229

You will be notified in writing with the decision made by the Association and/or the ARC review Board. Pursuant to the Declaration of Covenants, Conditions and Restrictions of your Homeowners Association, your application process may take thirty (30) to forty-five (45) days. Please plan accordingly.

**\*\*If ARC approval is granted, it is not to be construed to include approval of any County or City Code Requirements. A building permit from the appropriate building department may still be required. It shall be the sole responsibility of the owner to determine whether a permit is required. The Association and/or the Architectural Review Board shall have no liability or obligation to determine whether such improvement, alteration or addition complies with any applicable law, rule, regulation, code or ordinance.**

\_\_\_\_\_

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Phone # \_\_\_\_\_ Owner's Alternate Phone # \_\_\_\_\_

Owner's email: \_\_\_\_\_

**DESCRIBE ALTERATION IN DETAIL:**

1. Alteration Type(s): \_\_\_\_\_  
\_\_\_\_\_

(Example: Pool Installation, fence installation, screen enclosure, landscape alteration, house painting, etc.)

2. Type of Material(s) to be Used: \_\_\_\_\_  
(Example: PVC fencing, stone pavers, aluminum framing, exterior paint, etc.)

3. Color(s) of Materials to be Used: (Provide color sample) \_\_\_\_\_  
\_\_\_\_\_

4. Details of Alteration(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is required, please attach another sheet to this form)

As a condition precedent to granting approval of any request for a change, alteration, or addition to an existing basic structure, the applicant, their hires and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration, or addition. **IT IS UNDERSTOOD AND AGREED THAT MY HOMEOWNERS' ASSOCIATION OR LIGHTHOUSE PROPERTY MANAGEMENT, INC. IS NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION, ADDITION OF ANY STRUCTURE AND OTHER PROPERTY. THE HOMEOWNER AND ITS ASSIGNS ASSUME ALL RESPONSIBILITY AND COST FOR ANY ADDTION, CHANGE AND ALL FUTURE UPKEEP AND MAINTENANCE.** I agree not to commence with any change, alteration, additions and/or improvements to the dwelling/lot as stated above until the Association or the Architectural Review Board notifies me in writing of their decision. I further acknowledge that I am responsible for removing and restoring any alteration not approved by the Association or the Architectural Review Board to its original state.

**IT IS ADVISABLE TO LET YOUR NEIGHBORS KNOW WHEN YOU ARE HAVING THIS WORK DONE. IF IT REQUIRES ENCROACHING ONTO THEIR PROPERTY, BE SURE YOU OBTAIN THEIR PERMISSION AND REPAIR ANY DAMAGE, SHOULD IT OCCUR, TO THEIR PROPERTY.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |
|--|---|
| <b>For Office Use Only</b>   |   |
| <b>ACTION TAKEN BY THE ASSOCIATION/ARCHITECTURAL REVIEW BOARD:</b> |   |
| DATE: _____  | <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not approved</b> |
| <b>Conditions of Approval:</b> _____<br>_____<br>_____             |   |
| _____<br>Authorized Representative                                 | _____<br>Authorized Approving Representative Name                                     |

Date Rec'd by Mgmt Co: \_\_\_\_\_ Sent to ARC: \_\_\_\_\_ Sent to Homeowner: \_\_\_\_\_