

**LAKWOOD CREST HOMEOWNERS ASSOCIATION, INC.**

**2753 S.R. 580, SUITE 202; CLEARWATER, FL 33761**

**TEL. (813) 855-4860 / (727) 771-7753 FAX. (727) 238-8801**

**REQUEST FOR EXTERIOR ADDITION OR MODIFICATION**

**(VALID FOR 6 MONTHS FROM DATE OF APPROVAL – A DEPOSIT MAY APPLY FOR A MAJOR CONSTRUCTION IMPROVEMENT)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF REQUEST(S) (Number if more than one)

\_\_\_\_\_  
\_\_\_\_\_

When appropriate to the requested addition or modification, please attach the following:

1. Lot survey showing changes proposed.
2. Elevation and building material description
3. Selected contractor with copies of license and workers compensation/liability Insurance.
4. Proposed start date and completion date

Upon signing this request, the homeowner understands that the Architectural Control Committee/Board of Directors functions only to recommend the acceptability of the appearance of changes to the building exterior, the community or land. There is no intention, expressed or implied, to approve or disapprove any equipment, its function, contractor or sub-contractor, or to make any representation that it meets applicable county codes or permitting requirements. The homeowner also accepts all responsibility for the maintenance of operation and/or appearance of any installation, change or addition and required permits.

IT IS ALSO UNDERSTOOD BY THE OWNER THAT THE ASSOCIATION, ITS' BOARD OF DIRECTORS AND THEIR AGENT IS NOT RESPONSIBLE FOR DETERMINING COMPLIANCE WITH LOCAL ZONING OR PERMITTING REQUIREMENTS. FOR ANY WORK WHICH A PERMIT IS REQUIRED, A COPY OF THE PERMIT MUST BE FILED WITH THE ASSOCIATION AFTER APPROVAL OF THE BOARD OF DIRECTORS AND PRIOR TO COMMENCEMENT OF CONSTRUCTION. THE HOMEOWNER UNDERTAKES ALL RESPONSIBILITY FOR COMPLIANCE WITH CONSTRUCTION TO BUILDING CODE STANDARDS AND PERMITTING AND APPROVAL OF THE APPLICATION DOES NOT, IN ANY FASHION, CONSTITUTE A WAIVER OR EXCEPTION FROM APPLICABLE CODES OR PERMIT REQUIREMENTS. ALL WORK SPECIFIED ON THIS REQUEST SHALL BE COMPLETED WITHIN 6 MONTHS OF DATE OF APPROVAL.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**ARCHITECTURAL CONTROL COMMITTEE RECOMMENDATION**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Your Request has been:      Approved: \_\_\_\_\_      Date: \_\_\_\_\_

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

Approval Conditions & or other comments:

\_\_\_\_\_  
\_\_\_\_\_