



Timber Greens Community Association  
Architectural Review Exterior  
Change Request

Log Number

Date Logged

Resident Name	Date
Address	
Phone	
Lot #	Village
Description of Change or addition to be made	

**Please attach the following if they apply to the work to be performed**

- |                |               |                            |                           |
|----------------|---------------|----------------------------|---------------------------|
| 1. Color chips | 3. Lot Survey | 5. Contractors Drawing     | 7. Dimensions to lot line |
| 2. Permits     | 4. Sketch     | 6. Description of Material | 8. Contractors Info       |

A homeowner upon signing this application understands that the Architectural Control Committee function only to recommend to Timber Greens Community Association on the acceptability of the appearance of changes to the exterior of buildings or land. There is no intention, expressed or implied to approve or disapprove any apparatus, its function, contractor or sub-contractor. The maintenance of operation or appearance of any installation is the homeowner's responsibility.

If it should be necessary to you or the contractor to run vehicles or equipment over common grounds to do work at your home, or on your property, any damage caused must be repaired at the homeowner's expense. It is suggested that the homeowner inform the contractor or people doing the work, that it is their responsibility to repair any damages to common grounds by their equipment in advance of the work to be done.

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

Local Architectural Committee	Architectural Control Committee	Comments/Conditions
Approval required for all self-governing villages	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Approved with Conditions <input type="checkbox"/> See Comments/Conditions	
Signature _____	Signature _____ Date _____	
Date _____	Signature _____ Date _____	
Comments _____ _____	Signature _____ Date _____ This request invalid after _____	

This approval is not in lieu of any permit and approvals required by Pasco County, and is to be posted along with any other permits. Work must be completed within sixty days of approval date. Upon completion of work, please sign and date this form and return to the committee.

Owner's Signature \_\_\_\_\_ Completion Date \_\_\_\_\_