

Please select below:
New Modification _____
Re-submittal _____

MODIFICATION APPLICATION

All exterior modifications to your property must be approved in advance by the Association. Please provide as much detail as possible so that Staff and the Modification Committee have enough information to review the application. Please refer to the Modification Submittal procedures for additional information. Without a complete description of the modification, this form will be returned for more information. **Approval is valid for one year from date of approval.**

OWNER NAME _____
PROPERTY ADDRESS _____
NEIGHBORHOOD _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (day) _____ (evening) _____
E-MAIL ADDRESS _____ (Fax) _____

DESCRIBE THE MODIFICATION _____

LOCATION OF MODIFICATION _____

PLEASE REFER TO WRITTEN GUIDELINES FOR THE SPECIFIC INFORMATION NEEDED, OTHERWISE INCLUDE THE FOLLOWING:

_____ Original Survey Site Plan – 2 copies - one showing the modification location
_____ Specifications (architectural drawing, picture...)
_____ Dimensions of the modification (height, width, depth, length, etc.)
_____ Materials to be used (paint chips, lumber, brick, and cement...)

Planned start date _____

Expected completion date _____

OWNER SIGNATURE _____ Date _____

By signing this application the owner acknowledges that 1] they do not have approval to commence the Modification until an Approval letter is received, otherwise the Owner will be in violation of the Deed Restrictions and may be subject to fines; and 2] Owner is responsible to make sure their contractor does not place any signs on their property, and if signs appear homeowner is responsible for daily fines per sign. Staff will send you a response to this submittal within fourteen (14) business days from the date of receipt of this application in the FCCA office.

FCCA recommends that prior to submittal of this Modification Application you are a “member in good standing” with no unpaid assessment fees, fines or unresolved violation issues.

_____ PLEASE DO NOT WRITE BELOW THIS LINE _____

Nbhd _____ Unit _____ Request Date _____ Request # _____

() APPROVED with the following restrictions, if any: _____
() INCOMPLETE Please submit the following: _____
() DISAPPROVED for the following reasons: _____

Review Signatures _____ Date _____

_____ Date _____

_____ Date _____