

ARCHITECTURAL CONTROL COMMITTEE
REQUEST FOR APPROVAL FORM
CROSS CREEK LAKE ESTATES

DATE: _____ OWNER: _____

ADDRESS: _____ PHONE: _____

- _____ ADDITION
- _____ ALTERATION
- _____ IMPROVEMENT
- _____ DECORATION
- _____ OTHER

Please give DETAILED description of what you are requesting. YOUR DESCRIPTION SHOULD INCLUDE EXACT SIZE, COLOR, (SUBMIT SAMPLES), HEIGHT, AND LOCATION.

HOMEOWNER AFFIDAVIT

I have read the covenants of the Cross Creek Lake Estates and agree to abide by such covenants and restrictions. No work will commence without approval of the Association.

Signed: _____ Date: _____

Send to: Watson Association Management
430 NW Lake Whitney Place
Port St. Lucie, FL 34986

FOR ASSOCIATION USE ONLY

- _____ Approved
- _____ Approved with conditions
- _____ Not Approved
- _____ Re-Submittal Needed. Insufficient Information Submitted