

**Cypress Gates POA
Architectural Change Request Form**

Request Date: _____

Name: _____ **Property Address:** _____

Phone: _____ **Email Address:** _____

Estimated Start Date: _____ **Proposed Completion Date:** _____

Description of Proposed Alteration, Change, or Replacement:

Proposed Materials: Color: _____ **Style:** _____ **Type:** _____ **Dimensions:** _____

Permit Required: _____ **Yes** _____ **No** _____ **Permit Number:** _____

Location: (attach drawing showing on lot plat or detailed description as applicable)

Additional Information: (list or attach any other relevant information)

Certification:

I understand approval of the above changes by the Cypress Gates Property Owners Association Architectural Committee does not relieve me of the responsibility for obtaining any and all necessary Building Permits, Variances, and observing all local zoning ordinances. If approved, I agree to make the changes under the terms and conditions specified in the letter of approval. All changes will be on my property or property lines. If any portion of the Association's property is disturbed or damaged by my contractor, agent, or myself, I agree to restore the Association's property to its original condition at my expense.

Applicant Signature: _____ **Date:** _____

Email completed form to:

cypressgatesarc@gmail.com