

MILL POND TRACE CONDO ASSOCIATION, INC.
ARCHITECTURAL REVIEW FORM

DATE SUBMITTED: _____ LOT / UNIT # _____

OWNER'S NAME: _____ ADDRESS _____

We request the following modification/change to my (our) property:

Sketch and/or description of plan. Attach separate diagram and survey if appropriate. Submit color samples or materials.

Return completed form, sketch, survey, color samples, etc. to: Mill Pond Trace, PO Box 1407, Port Richey, FL 34673. A response will be sent to you within 30 days.

IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO ASSURE THAT THIS MODIFICATION COMPLIES WITH ALL COUNTY AND/OR STATE LAWS AND ZONING REGULATIONS. IF DEED RESTRICTIONS DIFFER FROM COUNTY OR STATE REGULATIONS, DEED RESTRICTIONS WILL BE THE PRIMARY ENFORCEMENT.

All material/trash that a contractor wishes to dispose of must be taken with them and not thrown in the community dumpster.

ANY CHANGES MADE AFTER APPROVAL, MUST BE BROUGHT TO THE BOARD'S ATTENTION IF WORK IS NOT COMPLETED OR STARTED WITHIN 30 DAYS FROM APPROVAL, A NEW APPLICATION MUST BE SUBMITTED

DATE REVIEWED: _____

THIS REQUEST _____ HAS _____ HAS NOT BEEN APPROVED.

IF NOT APPROVED, BECAUSE OF THE FOLLOWING REASONS: _____

SIGNATURE _____ SIGNATURE _____