

CRYSTAL GLEN PROPERTY OWNERS' ASSOCIATION INC.
2541 N RESTON TERRACE, HERNANDO FL 34442
Phone: 352-746-6770 x 112 / Fax: 352-746-3607
Email: Cam1@villagesservices.net

Architectural Control Request for Sheds

HOMEOWNERS NAME: _____

PROPERTY ADDRESS: _____ BLOCK: _____ LOT: _____

CURRENT ADDRESS: _____

CONTACT PHONE: _____ EMAIL: _____

SHEDS WILL BE PERMITTED, SUBJECT TO ARCHITECTURAL APPROVAL, AND SUBJECT TO COMPLIANCE WITH THE FOLLOWING SPECIFICATIONS:

- MAXIMUM DIMENSIONS: 10' X 12' X 8'
- DIMENSIONS: _____ (MAX WALL HEIGHT - 8 FT)
- MINIMUM 3' SETBACKS FROM ANY LOT LINE
- LOCATED BEHIND THE HOME
- WALLS, TRIM AND ROOF SHINGLE COLORS MUST MATCH THE COLOR OF THE HOME

**PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:
A COPY OF YOUR DRAWINGS / PLOT PLAN / SHOWING LOCATION OF SHED
- PHOTO OR BROCHURE OF SHED**

I hereby understand and agree to the following conditions:

1. No work will commence until approval is received by the Association.
2. All changes must conform to this approval and the Association's guidelines in accordance with the Declaration of Covenants and Restrictions and the Association's Rules and Regulations.
3. Work should be completed within 90 days of the approval date.
4. The Licensed Contractor or I, if serving as the contractor or doing the work myself:
 - a. Assure that all work will be performed in a matter that will minimize interference and inconvenience to other residents
 - b. Assume all liability and will be responsible for any and all damages to other lots and/or common area, which may result from performance of this work
 - c. Will be responsible for the conduct of all persons, agents, contractors, subcontractors and employees who are connected with the work
 - d. Are responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work and will obtain any necessary governmental permits and approval for the work

A decision will be made at the monthly Architectural Committee Meeting (3rd Tuesday of each month). You will be notified in writing when the application is either approved or denied.

SIGNATURE OF HOMEOWNER: _____ DATE: _____

FOR ARCHITECTURAL COMMITTEE USE ONLY

This application is hereby: () Approved () Denied

Date: _____ Signature: _____

Signature: _____

Signature: _____

Signature: _____

Comments: _____
