

Exhibit A
TYPE 1 PROJECT: COSMETIC MODIFICATION [14-Day Review]

Request #: _____ Date Logged: _____ Account #: _____

The following items are required for the ACC to review a proposed project: 1) completed application form; 2) payment of the Review Fee & compliance deposit; and 3) samples and or descriptive materials.

Project Type	ACC Review Fee	Schedule
Type 1: Cosmetic Modification	\$0 (\$0 deposit)	14-Day Review
		Tract # _____

Name: _____ Village: _____ Lot # _____

Address: _____ Phone # _____

Spring Hill, FL 34606

Email Address: _____

Please check the category which most closely represents the proposed modification to the existing property. The information materials required for review are noted under each category.

Paint Color / Wall Material Change

Manufacturer's paint chip and noted photographs indicating locations of new paint. Material samples for changes in siding, stucco or masonry and noted photograph of where applicable.

Re-shingling / Roof Material Change / Gutter Replacement

Manufacturer's information and color with photograph of completed example. If only portions are changing, they must be noted on photograph of existing house. Proposed gutter and downspout color chip.

Door / Window / Garage Door Replacement

Manufacturer's information and color in addition to photograph of product.

Architectural Ornamentation (shutters, brackets, columns, handrails)

A photograph and or drawing with dimensions of ornamental detail with proposed color.

Recreational Equipment / Satellite Dish / Retractable Awning

A noted photograph and lot plat identifying location in reference to house.

Exterior Light Fixtures / Mailbox / House Number

Manufacturer's model information and color in addition to photograph of product and location on lot plat.

Hardscape Alteration (driveways, sidewalks, pavers, patios)

New paving configuration on Lot Plat that shows house footprint and setbacks. For driveways to be colored, a drawing or photograph showing pattern and manufacturer's paint chips indicating colors.

Landscape Modification / Tree Removal

Location of new landscaping on Lot Plat and list of plantings. Photograph of tree (tagged by ribbon around trunk) proposed for removal.

Other

It is the applicant's responsibility to obtain all necessary permits. All proposed projects must meet approval by the Architectural Control Committee (ACC) above and beyond any permits required by the county. The undersigned acknowledges and agrees that until an approval letter is issued by the ACC, no work is to commence.

Applicant's Signature

Date

TPCA Use Only

Account #: _____ Date Logged: _____ Request #: _____

Tract #: _____ Lot #: _____ Village: _____ Phone#: _____

Local Architectural Committee approval required for all self-governing villages.

Date: _____ Approved: _____ Disapproved: _____

Signature: _____

Signature: _____

Signature: _____

Comments: _____

Timber Pines Architectural Control Committee Decisions:

Approved: _____ Disapproved: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

REASON FOR DISAPPROVAL:

_____ Does not conform to TPCA Architectural guidelines

_____ Color not acceptable

_____ Other _____

A COPY OF THIS FORM MUST BE POSTED ON THE EXTERIOR OF THE HOME UNTIL COMPLETION OF THE PROJECT. PERMIT EXPIRES 6 MONTHS FROM DATE OF APPROVAL.