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**CYPRESS PRESERVE OF  
PASCO COUNTY  
HOMEOWNERS ASSOCIATION,  
INC.**

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An application requesting approval for any alteration which occurs outside the exterior walls of the dwelling must be accompanied by the following information. PLEASE SUBMIT ALL INFORMATION SO THERE IS NO DELAY IN APPROVAL PROCESS:

\*\*\*\*\* There is a \$25.00 Processing Fee on all applications

- Copy of the lot survey with the alteration(s) drawn on it
- Legible sketch and/or drawing indicating location, size, and type of construction
- Contractor information
- Color swatches
- Pictures
- Materials
- Detail description of alteration (Page 2 of form)
- Other pertinent information as required

It is recommended that you review the Declaration of Covenants, Conditions and Restrictions and Community Standards for Cypress Preserve for a complete description of your responsibilities regarding Architectural Review requirements and submittals.

**Please mail your completed application to our office at 2005 Pan Am Circle, Suite 300, Tampa, Florida 33607, Attn: Architectural Review. You will be notified in writing with the decision made by the Association and/or the Architectural Review Board. Pursuant to the Declaration of Covenants, Conditions and Restrictions of your Homeowners' Association, your application process will take thirty (30) to forty-five (45) days. Please plan accordingly.**

If approval is granted, it is not to be construed to include approval of any County or City Code Requirements. A building permit from the appropriate building department is needed on most property alterations and/or improvements. It shall be the sole responsibility of the owner to determine whether a permit is required. The Association and/or the Architectural Review Board shall have no liability or obligation to determine whether such improvement, alteration or addition complies with any applicable law, rule, regulation, code or ordinance.

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HOMEOWNER'S ASSOCIATION: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DESCRIBE ALTERATION IN DETAIL:

1. Alteration Type(s): \_\_\_\_\_

(Example: Pool Installation, fence install, screen enclosure, landscape alteration, house painting, etc.)

2. Type of Material(s) Used: \_\_\_\_\_

(Example: PVC fencing, stone pavers, aluminum framing, red fountain grass, exterior paint, etc.)

3. Color(s) of Materials Used: \_\_\_\_\_

(Provide sample of color.)

4. Details of Alteration(s): \_\_\_\_\_

(If more space is required, please attach another sheet to this form)

As a condition precedent to granting approval of any request for a change, alteration, or addition to an existing basic structure, the applicant, their hires and assigns thereto, hereby assume sole responsibility for the repair, maintenance or replacement of any such change, alteration, or addition. IT IS UNDERSTOOD AND AGREED THAT MY HOMEOWNERS' ASSOCIATION AND COMMUNITY ASSOCIATION MANAGEMENT SERVICES, LLC (CAMS) ARE NOT REQUIRED TO TAKE ANY ACTION TO REPAIR, REPLACE OR MAINTAIN ANY SUCH APPROVED CHANGE, ALTERATION, ADDITION, OR ANY STRUCTURE AND OTHER PROPERTY. THE HOMEOWNER AND ITS ASSIGNS ASSUME ALL RESPONSIBILITY AND COST FOR ANY ADDITION, CHANGE AND ITS FUTURE UPKEEP AND MAINTENANCE. I agree not to commence with any change, alteration, additions and/or improvements to the dwelling/lot as stated above until the Association or the Architectural Review Board notifies me in writing of their decision. I further acknowledge that I am responsible for removing and restoring any alteration not approved by the Association or the Architectural Review Board to its original state.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For Office Use Only

ACTION TAKEN  
By the Association/Architectural Review Board:

Date: \_\_\_\_\_

Approved

Not Approved

Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Approving Representative Name

Authorized Representative Signature

