FILE #	
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EAGLE CREEK Architectural Application

Resident Name:		· · · · · · · · · · · · · · · · · · ·		
Unit Address:		-		
Home Phone ()	Cell Phone (_)		
Email Address				
Please check the Architectudocumentation, and return t	ural change you are proposing, to the management office.	attach the requested		
Repainting Residence: Paint Combo Reference #				
Body SW#	# Trim	SW #		
Front Door Color				
Driveway Color / Material				
Color choice must be from the Eagle Creek Paint Palette. Please attach a photo of the home that includes the roof and driveway.				
Roof Replacement: Manufacturer:				
Profile:	Color:			
Include a photo showing the proposed tile color and a photo of the exterior of the home. The roof tile color must be on the Coral Springs and Eagle Creek approved tile list.				
Window Ren	lacement or Window	Shutter		
Window Replacement or Window Shutter				
Manufacturer: Color: Include window/shutter photos from the manufacturer and a plot plan illustrating the proposed location of the new windows/shutters.				
Fence:				
Color: White	Bronze	Black		
Please include a survey ind photo of the proposed fence aluminum, cannot exceed 4	licating the proposed placement e material. Please note that fer the feet in height, must be set bas estalled to hide the fence from the	nt of the fence and a nces must be made of ck from the property		

Tree Removal:				
Reason for removal:				
Please include a survey showing the location of the tree along with pictures of the tree and any damage making the removal necessary. The application must include an approved tree removal permit from Coral Springs. All street trees must be replaced with a Class 1 Florida Live Oak, 10-12 ft or greater in height.				
Other Project:				
Specify type of project:				
Specify type of materials to be used and provide photos or plans:				
Please be aware that the ARC application must be approved <i>before any work is started</i> . The Board will only review completed applications that include all of the information necessary for them to reach a decision.				
PLEASE ALLOW UP TO 30 D	AYS FOR APPROVAL.			
ARC approval is valid for 90 days. If the project is delayed or the scope of work changes a new application will be required.				
I hereby submit this application I acknowledge that the Board of application based on their judg Board.	of Directors has the right to	approve or deny any		
Signature of Owner	Da	ate		
FOR COMMITTEE USE ONLY: Meeting Date				
	APPROVE	DENIED		
	APPROVE	DENIED		
	APPROVE	DENIED		
CONDITIONS:				