## SUMMERFIELD CIVIC ASSOCIATION ARCHITECTURAL / LANDSCAPE CHANGE REQUEST

Change Requested by: (Please Print)	ease Print) SUBMIT TO SCA OFFICE			
Name:		Date:		
Address:		Phone:		
1. PROJECT INFORMATION: The Architectu www.summerfield55.org or in the Clubh	• • • •	and Change Requests a	are available at	
	r to: SECTIONS 2.01 through to: SECTIONS 3.01 through			
<b>EXCEPTIONS:</b> Minor house maintenance and	general yard clean-up do no	t require a Change Req	uest.	
<b>NEIGHBORHOOD CONSIDERATION:</b> Adjacen given a chance to voice their concerns. Any c			•	
Name	Address		Phone	
PROJECT COMPLETION: This project must be	completed within 00 days fr	om data of approval. If	f not completed a time	
extension giving reasons must be requested			not completed, a time	
	· ·			
2. PROJECT DESCRIPTION: Describe the architectural and/or landscape project to be done in this request. Attach detailed				
drawings, dimensions, paint & roof colors, and other product samples or pictures.				
3. SUB ASSOCIATIONS: Approval must be o	btained from local Associatio	n Board for CONDOMI	NIUMS and TOWNHOUSES	
prior to submission to A/L Committee.				
Association Name or Townhouse Number		Date		
Authorizing Association Official's Name		Title		
Address		Phone		
LEGAL CONDITIONS				
Although the Board of Directors for Summerfield may review any			-	
Declaration of Conditions and Restrictions for Summerfield Civic A provide any representation or certification that the proposed plar				
engineered, geophysically appropriate, legally or safely constructed Directors, any member thereof, or the Association shall be liable to construction, existence or failure of the Modification, or for any o	o any owner, occupant, or other person fo	r any damage or loss suffered or	claimed as a result of the	
Project should not start until approv	ed by the SCA A/L Commit	tee even if approved	d by a Sub Association.	
<ul> <li>Approval or denial is based on the cur</li> </ul>	•	• •	-	
<ul> <li>I agree to the above requirements an</li> </ul>				
Owner's Signature		Date		
O THICK S SIGNALUIC				

## FOR A/L COMMITTEE USE ONLY

COMMITTEE ASSIGNMENTS BY ARCHITECTURAL / LANDSCAPE CHAIRPI Area Committee Representative			
Alternate Representative Project Approved Project Denied	_ Phone		
30-Day Approval Time Extended if Further Committee Review is required Committee Representative Signature	Date		
APPROVAL OF YOUR REQUEST IS BASED ON THE CONDITIONS LISTED B	ELOW:		
All work is to be completed within 90 days of approval of Change Request or a			
Committee Representative	Date		
REASON FOR DENIAL:			
Committee Chair	Date		
→ HOMEOWNER/SUB-ASSOCIATION OFFICIAL: PLEASE NOTIFY THIS A/L COMMITTEE REPRESENTATIVE WHEN YOUR PROJECT IS COMPLETE:			
Name	Phone		
COMMITTEE PROJECT SIGN-OFF	DATE		
Committee file copy Homeowner copy signed Sub Association file copy			