Modification Review Form Golf Course

From:	(homeowner)
	(street address)
Email Address:	Phone Number:
Contractor (if applicable):	Contractor Phone:
Application is hereby made to make the following exterior modification(s), alterations(s) or additions(s) described below and on attachments hereto. Please submit all pertinent details such as contractor plans, designs, dimensions, materials, colors, sketches/plot plans of the lot, and any additional information you think will be helpful. For tree removal and pruning, please ensure the trees are marked w/ ribbon or tape. Modification Committee procedures, criteria and standards are outlined in the Cedar Creek homeowner information manual.	
Signature of Homeowner	 Date
Return form to the homes association office via email, fax Email to Casey Hull, chull@cedarcreek-kc.com, fax to 913- Racquet Clubhouse, 25775 W 103 rd Street, Olathe, KS 660	-780-2453 or mail/deliver to Cedar Creek Swim &
NOTE: After your request is approved, if work does not begin in 120 days the approval expires and is void. Modification projects must be completed within 120 days after approval; failure to comply with this time requirement without prior approval may result in sanctions.	

Date Received: ______ (office use only)

Golf Course Nature Preserve Area (if applicable) Modification request should be: () Approved () Disapproved because_____ Date_____ Shadow Glen Golf Course by_____ **Modifications Committee review of:** Project memo Homeowner last name This modification request is: () Approved () Approved subject to the following requirement(s): () Disapproved because:

Date: _____ Modifications Committee by: ______

Date homeowner notified _____ via _____

(mail, email, phone, etc)