Cedar Creek- Modification Review Form

From:	(homeowner name)
	(street address)
Email Address:	Phone Number:
Contractor (if applicable):	Contractor Phone:
and on attachments hereto. PLEASE SUBMIT all permaterials, colors, sketches/plot plans of the lot, are	exterior modification(s), alterations(s) or additions(s) described below extinent details such as contractor plans, designs, dimensions, and any additional information you think will be helpful. For tree marked w/ribbon or tape. Modification Committee procedures, eek homeowner information manual.
DESCRIPTION OF WORK:	
<u>PLEASE NOTE:</u> To expedite the review process plans and mark all trees & landscaping with ri	be sure to email or drop off all documents, photos and design ibbon or tape that you wish to trim or remove.
Signature of Homeowner	 Date
Return form to the homes association office via em Email to Modifications Director Casey Hull, chull@c Creek Swim & Racquet Clubhouse, 25775 W 103 rd S	cedarcreekhoa.org, fax to 913-780-2453 or mail/deliver to Cedar
• • • • • • • • • • • • • • • • • • • •	es not begin in 60 days the approval expires and is void. .20 days after approval; failure to comply with this time requirement
Date Received:	(office use only)