

CAMBRIDGE FARMS SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

cambridgefarmshoainc@gmail.com

Modification Request Form

Name_____

Date_____

Address_____

Phone (w) _____

(h) _____

- () A. Fences (specify materials, style, location drawing & linear footage)
- () B. Pools & Spas (include plan & location drawing)
- () C. Repainting (specify color and include a color sample)
- () D. Structure modification i.e. porch, sunroom, deck, etc.(include plan, picture & location drawing)
- () E. Landscaping (specify description and location drawing)
- () F. Recreational equipment (kind, picture and location drawing)
- () G. Roof (manufacturer type and color)
- () H. Tree removal (sketch)
- () I. Other (submit appropriate drawings, plans or designs)

NOTE: Please include a copy of the property Plat with all requests.

Comments: _____

Architectural REVIEW Committee Action

Date Received_____ ()

Approved_____

Date Reviewed_____

() Approved_____

() Conditional Approval*_____

*Requires Explanation

Board Reviewer(s)_____

() Approved_____ ()

Disappr
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*****All approvals are subject to city, county and state regulations. Homeowner is responsible for acquiring the necessary permits and following all governmental regulations and building codes. *****

email your request to: cambridgefarmshoainc@gmail.com