



**CROWN POINTE PROPERTY OWNERS ASSOCIATION**

Mailing Address: CPPOA, 8020 Castle Pointe Way, Pensacola, FL 32506

**ARCHITECTURAL ADDITION/MODIFICATION  
REQUEST FOR APPROVAL**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

Phone Number \_\_\_\_\_ -Home \_\_\_\_\_ -Work \_\_\_\_\_

Project Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

DESCRIPTION OF PROJECT: (Include dimensions, materials, colors, intended use, ETC. as applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County Permits Required: YES \_\_\_\_\_ NO \_\_\_\_\_ All construction must meet County Codes.

In accordance with Article III, Architectural Control, Section 3.2 of the Declaration of Covenants, Conditions and Restrictions for the Crown Pointe Property Owners Association, all exterior changes, additions, or modifications i.e., fencing, pools and enclosures, spas, patios, lanais, driveway extensions sidewalks, sheds, or flag poles (not inclusive) must be approved by the Architectural Committee or the Board of Directors. The following will not be approved: chain link, wire or wood/wire fences, radio or TV external antennas, satellite dish antennas with diameters of more that eighteen (18) inches.

Only complete written requests will be considered. If a project is disapproved, the applicant may resubmit with additional information and modifications that may have a bearing on Board approval.

**APPLICATION PROCEDURES:**

1. Complete this request form and attach the following: (a) sketch of project on owner's site plan with dimensions (b) any manufacture information that may be useful to the Board (c) any other pertinent information.
2. Mail to the above address, fax to the number above, or hand deliver the completed form to any CPPOA Board Member.
3. Applicant will be contacted if further information is required.
4. Applicant will be notified in writing within 5 days of receipt of a completed application (This includes requests for additional information).
5. Notify any CPPOA Board Member upon Project completion.

Recommendation: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

Approved with following stipulations: \_\_\_\_\_

\_\_\_\_\_

Signatures: Chair \_\_\_\_\_ Member \_\_\_\_\_ Member \_\_\_\_\_

Copy of letter on decision sent to Applicant on date: \_\_\_\_\_

Completed project reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_