Modification Review Form

From:		(homeowner)	
		(street address)	
Email Address:	Phone Number:		
Contractor (if applicable):	_ Contractor Phone: _		
Application is hereby made to make the following exterior modificat attachments hereto. TO HELP EXPEDITE YOUR REQUEST PLEASE SUI dimensions, materials, colors, sketches/plot plans of the lot, and an REMOVAL & PRUNNING, please ensure the trees are marked w/ rib Committee procedures, criteria and standards are outlined in the Ce	BMIT all pertinent details ny additional information abon or tape to be easily	such as contractor plans, designs, you think will be helpful. FOR TREI dentified while onsite. Modification	
Signature of Homeowner	 Date	······································	
Return form to the homes association office via email, far Email to Casey Hull, chull@cedarcreek-kc.com, fax to 913 Racquet Clubhouse, 25775 W 103 rd Street, Olathe, KS 66	3-780-2453 or mail/de	•	
NOTE: After your request is approved, if work does not Modification projects must be completed within 120 da requirement without prior approval may result in sancti	ys after approval; fai		
Date Received:(office u	use only)		