

**River Crossing Community Association
Architectural Review & Request Form**

Please complete and send form to:
River Crossing Community Association
PO Box 6432
Brandon, FL 33508

(We must have all contact information to process this request)

Date: _____ Requested By: _____

Phone: _____ Address: _____

Email address: _____

Describe the nature of the changes or improvements for which you seek architectural review and approval. Please be as specific as possible. Use back if necessary.

Proposed starting date for the project _____ Ending date _____

Is a building permit required for your project? ____ yes ____ no

List the general contractor and major subcontractors who may be involved:

Identify the documents attached to this request (none) plans (as stated) specifications:
Failure to include additional documents such as pictures, surveys, diagrams, samples may result in a delay or denial of your project. Please email the board separately with this information or contact the board by email to coordinate additional documents
____ permit ____ survey ____ paint color chips ____ other ____

Architectural Control Committee Section

Decision on Request: Approved _____ Not Approved _____

Date of Approval or Non Approval _____

Architectural Control Committee Member Signature