

MISTY GLEN

HOMEOWNERS ASSOCIATION, INC.

Alteration Application

Owner Name: _____ Preferred Email: _____

Property Address: _____ Contact Phone: _____

- You will receive written notification of your committee's determination within thirty (30) days of the Association's receipt of this application. **Status updates are not available from management at any time.**
- If requesting approval for multiple alterations, each alteration must be submitted on a separate application.

~ To Apply for Repainting ~

Please indicate the colors selected from Association's approved color palette. No supporting documentation required in conjunction with application to repaint.

Body of Home	Color # _____	Color Name _____
Trim	Color # _____	Color Name _____
Front Door	Color # _____	Color Name _____

NOTE: Garage Door must be painted same color as body.

~ To Apply for Any Other Alteration ~

Please describe the intended alteration on the lines below **AND** submit your application with **ALL appropriate supporting documentation as indicated below**. Incomplete requests will be returned without review.

The following supporting documentation must be included, or this application will be rejected!

- Lot Survey indicating exactly where alteration will occur on the lot. (*NOT required for roofing applications*)
- Contractor Specification Sheet (*if contracted*) or you must list types, styles, colors, size/dimensions, etc.
- Picture, Photo, Manufacturer Brochure, Vendor Information and/or detailed description of materials to be used
- Any/All additional documentation or information as needed to fully describe the alteration

While the Association may grant approval for the requested alteration, the homeowner alone is responsible for seeking applicable county/city permit(s). Some alterations require permit(s) from one or more county/city departments. The obligation to determine whether the requested improvement, alteration or addition complies with any applicable law, rule, regulation, code, or ordinance is strictly the responsibility of the homeowner. Additionally, it is understood and agreed that the Association as well as McNeil Management Services, Inc. are not required to take any action to repair, replace or maintain any such approved change, alteration or addition, or any structure or any other property. The homeowner and its' assigns assume all responsibility and cost for any addition or change and its future upkeep and maintenance.

- I understand that the Association will contact me in writing regarding their approval or denial of this application.
- I agree not to commence any alteration(s) until I have received said written approval from the Association.
- If an alteration I perform is found NOT to be in compliance with community standards, I will return the property to its original, pre-alteration condition within thirty (30) days of written notification to do so.
- By providing an email address or telephone number above, I hereby expressly consent to receiving communications at that address or number from the Association and its agents regarding this application and other Association matters. This express consent applies to each such address or number provided, now or in the future, and permits such communication regardless of its purpose.

OWNER SIGNATURE: _____ REQUEST DATE: _____

Please submit a copy of completed application and required supporting documentation to the following:

McNeil Management Services, Inc.
PO Box 6235, Brandon, FL 33508-6004
Phone: (813) 571-7100 Fax: (813) 689-2747
Email: management@mcneilmsi.com
Internet: www.mcneilmsi.com