

ARCHITECTURAL CHANGES REQUEST

BUILDING: _____ UNIT: _____

REQUEST FROM

DOCUMENT CHECK LIST

Date: _____
 Mr./Mrs. _____
 Local Addr: _____

 Phone: _____
 Other Addr: _____

 Phone _____

- | | |
|---|--|
| <input type="checkbox"/> Survey/Plot Plan | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Building Plan | <input type="checkbox"/> Other (noted) |
| <input type="checkbox"/> Elevations | <input type="checkbox"/> Fence (F) |
| <input type="checkbox"/> Details | <input type="checkbox"/> Fence (B) |
| <input type="checkbox"/> Specification | <input type="checkbox"/> Door |
| <input type="checkbox"/> Permit | <input type="checkbox"/> Window(s) |

Brief description of addition, alteration, improvements, etc...

Approximate Date Work will start: _____
If work is not started within 30 days, please contact the management to advise

CONTRACTOR INFORMATION

HOMEOWNERS AFFIDAVIT

Contractor: _____
 Addr: _____

 Phone: _____
 Certificate of Insurance _____
 Occupational License No. _____
 Cert of Competency No. _____

I have read the covenants and restrictions of my Association and agree to abide by such covenants and restrictions. No work will be commenced without the approval of the Association. I understand that it will be my sole responsibility and expense to correct and/or repair any damage, if any to the sprinkler system caused by the alteration(s) being made.

Signed _____

Date _____

FOR ASSOCIATION USE ONLY

Received by: _____
 Date _____
 Approved by Association
 Preliminary approval subject to review
 Insufficient Information submitted/resubmitted
 Not Approved

Any approval by the Association is subject to the owners complying with all local, county, and state law, ordinances, rules, requirements, etc. A copy of the survey of the lot on which proposed location of the improvement is marked must accompany this form.
