



ARCHITECTURAL MODIFICATION REQUEST FORM

GOVERNING DOCUMENT – Declaration of Covenants..., Article XI, Section 1

No temporary or permanent buildings, structures or other improvements shall be constructed, erected or maintained upon any Lot, nor shall the exterior appearance of any Unit be altered, without the prior approval of the Architectural Control Committee, including screened enclosures, patios, concrete slabs, fences, walls, tents, utility or storage sheds. The foregoing prior approval is also intended to specifically apply to the painting of a Unit (other than its original colors), and it is specifically intended that the Architectural Control Committee shall be empowered to approve or disapprove of the colors of the exteriors of all Units and other improvements constructed on the property at the time of any repainting or other resurfacing thereof.

UNIT INFORMATION

Address: _____ Lot # _____
Owner Name _____ Co-Owner Name _____
Phone: _____ Email: _____

REQUEST TYPE

Manufacturer samples/swatches **MUST** accompany **ALL** applications. Applications without samples will **BE REJECTED** and not considered.

PAINTING List Paint Manufacturer Color Names & Numbers EXISTING COLOR NEW COLOR House _____ Trim _____	ROOFING List Manufacturer Style/Color Names & Numbers NEW STYLE/COLOR(S) Roof Material _____ Gutters/Soffits _____
RESURFACING (If pavers, list Manufacturer Style & Color) NEW STYLE/COLOR/TEXTURE Walks/Patio _____ Driveway _____ Other Surface _____	WINDOWS/SHUTTERS MANUFACTURER STYLE, MODEL & COLOR WINDOWS _____ DOORS _____ SHADES/SHUTTERS _____

MODIFICATION DETAIL - Submit plans, detailed description, and contractor information. Use additional pages if necessary.
(If County Permits are required for this modification, approved permits must be submitted to the ACC before final approval can be granted.)

TIMELINE

Expected **TIME TO COMPLETE** Days _____ Weeks _____ Months _____
Expected **START** Date _____ Expected **END** Date _____

AGREEMENT and SIGNATURE

I certify that all materials submitted in this request are true and correct. I understand and agree that no work is to be done prior to or in deviation from the terms of this approved ACC request. Any deviation from the terms of this agreement will be considered a violation. I agree to be bound by the ACC Rules and Standards. **All approvals are good for 6 months after which a new request must be re-submitted.**

HOMEOWNER'S SIGNATURE _____ **DATE** _____

FOR OFFICAL USE ONLY

SAMPLES PROVIDED Yes _____ No _____	REQUIRED PERMITS SUBMITTED Yes _____ No _____ Pending _____ Due By _____
APPROVED Yes _____ No _____ DATE _____	Rejection Reason _____ No Samples _____ Missing Permits _____ Other _____
ACC 1. _____	ACC 2. _____
ACC 3. _____	ACC 4. _____
ACC 5. _____	
DATE _____	DATE _____

ACC Committee meets the 1st Tuesday of every month at the pool. Completed Modification Requests should be placed in the ACC mailbox on the white pool railing no later than 72 hours prior to an ACC meeting for consideration that month.
Homeowners are welcome and encouraged to attend ACC meetings.