

Architectural Change Form



Architectural Control Form

ARCHITECTURAL CONTROL COMMITTEE

PROPERTY OWNERS

REQUEST FOR ARCHITECTURAL CHANGE

Please Print

1. Name: _____ Phone: _____

Address: _____ Fax: _____

Lot # _____ EMAIL ADDRESS: _____

Community: _____

FOR ALL SUBMISSIONS THE FOLLOWING ATTACHMENTS ARE REQUIRED:

The builder at closing furnished you with a plot plan for your lot.

Please draw the change in the location of where the proposed addition/improvement will be built (on a copy).

Please include Elevations and Blueprints or working drawings indicating all dimensions.

If available, a photograph or drawing of a similar completed project.

THE COMMITTEE HAS UP TO 30 DAYS TO REPLY – PLEASE PLAN ACCORDINGLY – THANK YOU!

2. Requesting architectural approval of the following:

_____ Improvement _____ Addition _____ Repair/Replacement

3. Briefly describe the proposed change: _____

Location: _____

Dimensions: _____

4. Please list below the major construction materials that will be used in this project. Be as specific as

possible: _____

Requests for exterior color/materials changes MUST submit samples of color, paint, brick, etc.

(Exterior materials must conform to the original construction or be sufficiently compatible.)

Note: All submitted materials will be retained by the Association.

You may wish to make a copy for your personal records.

5. Will any part of the proposed improvement extend beyond your property line? Yes _____ No _____

If yes, signature and address of the affected homeowner must be provided below:

Signature _____ Printed _____

Address _____

6. Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer Easement, Landscape Easement, Landscape Preservation Easement or Lake Easement shown on the plot plan of your lot? Yes _____ No _____

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7. Project schedule:

A. The work will be performed by: _____ Homeowner

_____ Contractor

_____ Name

_____ Both

B. Subsequent to the committee approval,

please indicate the projected start date _____

please indicate the projected end date _____

C. Please indicate all required permits (building, etc.) _____

I understand that under the Declaration and the rules and regulations, the Board will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

- 1. No work or commitment of work will be made by me until I have received written approval from the Association.
- 2. All work will be done at my expense and all future upkeep will remain at my expense.
- 3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself and/or a licensed and insured contractor.
- 4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
- 5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
- 6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
- 7. I will be responsible for complying with, and will comply with, all applicable federal, state and

local laws, codes, regulations and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Association, it's Board of Directors, its agent and/or the Committee have no responsibility with respect to such compliance and that the Board of Directors and/or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulation or governmental requirement.

NOTE: All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records.

I hereby acknowledge that I have read and understand the **ARCHITECTURAL CHANGE STANDARDS** set forth by the Board, as well as the Declaration of Covenants and Restrictions.

Homeowner's Signature: Date: _____

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For ALL Submissions

Be sure to include the requested attachments listed on the previous page.

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Please mail the completed documents to the following:

M Group Management

Attention: (your property name here ACC)

8914 Belle Union Dr.

Camby, IN 46113

Phone: 317-856-3423

..... **For Office Use Only**

Architectural Review Action:

Approved as submitted

Approved with restrictions as follows: _____

Deferred: Please supply additional information: _____

Denied: ARB Comments: _____

ARB Signature _____ Date: _____

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Dear Homeowner:

Any lot improvement made or installed within an easement is at the owner's risk regardless of the approval by the Architectural Control Committee. If for any reason repairs and or maintenance is required in the easement, any improvement(s) that are removed will not be reinstalled by the utility company or contractor.

This waiver must be signed and returned with the Request for Architectural Change, to protect you and the HOA of your community. It is to verify that you have a full understanding of the responsibilities and risk of developing an improvement into an easement.

If you are developing into an easement, it is also your responsibility to have the utilities marked prior to commencing by calling "Holey Moley" Indiana Underground Services @ 800-382-5544.

EASEMENT WAIVER

This document is an acknowledgment that I/we,

NAME OF HOMEOWNER (S)

the owner(s) of the property located at

in , IN. Lot #

STREET ADDRESS CITY

of the _____ community will be

NAME OF SUBDIVISION

installing

that extends into a drainage and/or utility and/or sewage easement and accept full responsibility of any cost to replace this improvement if the utility company, developer or other authorized party needs to gain access to that area by removal of said improvement.

Signature of Homeowner Date

Signature of Homeowner Date

Return all required documentation to: M Group Management

Attn: (your homeowners association name ACC)

8914 Belle Union Drive

Camby, IN 46113

Phone: 317-856-3423