

**ARCHITECTURAL CHANGE REQUEST**

Homeowner: Please complete the following and mail to above address **attention Deed Restriction Committee.**

1. Name, address and telephone number of homeowner:

\_\_\_\_\_

Daytime Phone:\_\_\_\_\_ Evening Phone:\_\_\_\_\_

Date submitted:\_\_\_\_\_

**PROPOSED CHANGE:**\_\_\_\_\_

Include detailed description of change. Include the following as applicable:  
Building plans with illustration and specifications, copy of permits if applicable.  
Show nature, kind, shape, color, height, materials and location of change in relation to your house and property line. Include a photo of similar change if possible. (if more space needed, please attach additional information to request form.)\_\_\_\_\_

\_\_\_\_\_

Date of proposed completion:\_\_\_\_\_

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Date received by Committee:\_\_\_\_\_

**Approved**       **Approved with revisions (itemized below)**       **Denied**

Necessary comments or revisions:

\_\_\_\_\_

Signature of Committee representative:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of Chair/Board representative:\_\_\_\_\_ Date:\_\_\_\_\_