

SPRING HOLLOW HOMEOWNERS ASSOCIATION

APPLICATION TO THE ARCHITECTURAL CONTROL COMMITTEE

PROPERTY OWNER NAME: _____

Lot Number and Property Address: _____

Home Phone: _____

Work Phone: _____

Description of Improvement:

SPECIFICATIONS OF IMPROVEMENT: Specs must contain particulars of improvement, i.e., colors, materials list. If roof involved, outline of roof line as related to existing structure. If fence, include color, style, height. FOLLOW REQUIREMENTS IN COVENANTS AND RESTRICTIONS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER.

NOTE: If applying for approval of location for parking of vehicles, show site plan with a sketch as to area intended for parking.

ATTACH A COPY OF SITE PLAN: (use a lot survey if available or drawing showing lot property lines, location of existing house, and highlight where improvement will be placed. BE SURE TO FOLLOW SETBACK REQUIREMENTS.

ATTACH AN ELEVATION SKETCH: IF IMPROVEMENT INVOLVES YOUR ROOF BE SURE TO SHOW HOW ROOF LINES COME TOGETHER.

I hereby submit this request to the Architectural Control Committee for consideration, and agree to obtain necessary building permits and adhere to building setbacks as specified.

DATE:

SIGNATURE:

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(FOR USE BY THE ARCHITECTURAL CONTROL COMMITTEE)

APPROVED:

DENIED:

DATE:

APPROVED:

DENIED:

DATE:

APPROVED:

DENIED:

DATE:

**** PLEASE NOTE THAT IF YOU ARE REPLACING YOUR ROOF AND PAINTING THE EXTERIOR OF YOUR HOUSE THE SAME AS IT CURRENTLY IS-- PLEASE COMPLETE THIS FORM FOR OUR FILES..**

ANY ADDITIONAL STRUCTURES ON PROPERTY WILL NEED TO HAVE THIS FORM COMPLETED.

GIVE COMPLETED FORM TO: Charlie Hunt, 438 Spring Hollow Blvd. If you have any questions or concerns you can call Charlie at 407 880 7538.