

Avocet Architectural Change Request

Distribution

AMG

Homeowner

ACC

Homeowner's Name: _____

Homeowner's Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Description of Improvement: _____

Date of Request: _____ Anticipated Project Start Date: _____

If approved, this architectural change request is valid only if the described modification is begun within six months from the date of the request.

Please initial here to authorize the ACC to leave paperwork in your mailbox: _____. If not initialed it will be your responsibility to retrieve copies of the approved form. Drop this request into the ACC mailbox at the entry to the amenities area and raise the flag on the box.

The ACC was notified to pick up this request from the ACC mailbox on _____ (date) by (check one):

_____ E-mailing ACC at architecture@avocet-hoa.org _____ If you do not have internet access, call (770) 777-6890, Ext. 140

Homeowner's Signature: _____

-----Do not write below this line-----

To be completed by the Architectural Control Committee

Are required plans and specifications attached? _____ yes _____ no

Plans and specifications include appearance, nature, color, type, shape, height, materials and location of improvement?
_____ yes _____ no

The above Architectural Change Request has been reviewed by the Board of Directors and/or the Architectural Control Committee of the Avocet Homeowners Association, Inc. and has been:

_____ **Approved** on the conditions outlined in the Dec. of Covenants, Conditions and Restrictions.

_____ **Denied** for the following reasons:

Comments: _____

Signed: _____ Date: _____ Signed: _____ Date: _____

Signed: _____ Date: _____ Signed: _____ Date: _____

ACC (co)Chair

Homeowner Agrees to the above requirement(s):

Homeowner's Signature: _____ Date: _____