



Adams Run Homeowners Association Architectural Control Committee

REQUEST FOR CHANGE

PART ONE: TO BE COMPLETED BY HOMEOWNER

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ LOT NUMBER: _____

DATE OF REQUEST: _____

DESCRIPTION OF REQUEST: _____

TO EXPEDITE THIS REQUEST, PLEASE ATTACH A PHOTO OR DRAWING OF THE ITEM, PLANS OR DRAWING OF THE LOCATION OF THE REQUESTED CHANGE ON YOUR PROPERTY, A LIST OF MATERIALS TO BE USED, PAINT CHIPS, CONTRACTOR NAME, PHONE NUMBER AND ADDRESS, AND A BUILDING PERMIT FOR ANY ADDITION. SUBMIT COMPLETED REQUEST FORM TO THE ARCHITECTURAL CHAIRPERSON.

PART TWO: TO BE COMPLETED BY ARCHITECTURAL COMMITTEE AND REVIEWED BY TWO BOARD MEMBERS.

ADJACENT HOMEOWNERS: LOT NO: _____ LOT NO: _____

_____ LOT NO: _____ LOT NO: _____

COMMENTS ON PROJECT: _____

COMMITTEE RECOMMENDATION: APPROVE *: _____ DENY: _____

DATE ISSUED*: _____ CORRESPONDENCE: _____

*approval is valid for 6 months after the date issued and is non-transferable