ARCHITECTURAL MODIFICATION REQUEST FORM

This document will become part of the Homeowners contract and must be complied with by any succeeding owners. I, (name) _____,
do hereby request permission to make the following modification to my home at (address) _____
_____ in Spring Creek.
Home Phone: _____ Work Phone: _____

Description of Request

_____
_____
_____
_____
_____

Attach the following as applicable:

- Plot Plan with proposed modification(s) to approximate scale with dimensions.
- Complete description (photos/drawings) as to construction design, materials (types and sizes), and color/finish
- Floor Plan, Elevation, Section Drawing (i.e. footings)
- Copy of County Building Permit (if applicable)

I do, by my signature, understand and agree to the following:

1. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
2. That the modification(s) will not in any way hinder yard care or any other Association maintenance responsibility.
3. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
4. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: a) the modification is not constructed or installed as per specifications submitted for approval with this form; b) the modification is not maintained in a safe condition; or c) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
5. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable).

_____ _____
Date Homeowner Signature(s)

_____ _____
Date Rec'd by Association Signature

___ APPROVED by Board of Directors OR
___ APPROVED with Following Contingencies by Board of Directors:

_____
_____
_____

_____ _____
Board Signature Date Signed

___ DISAPPROVED for the following reasons(s) by Board of Directors:

_____
_____
_____

_____ _____
Board Signature Date Signed