

CREEKSIDE ESTATES HOMEOWNERS ASSOCIATION

APPLICATION FOR MODIFICATION(S)

NAME	_____
ADDRESS	_____
DATE	_____
PHONE	_____

PLEASE REFER TO YOUR COPY OF THE COVENANTS AND RESTRICTIONS BEFORE COMPLETING

MODIFICATIONS REQUESTED (Include specific details of material, colors, styles, etc.)

- FENCES** Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings
- LANDSCAPING** Statuary, fountains, decorative structures, etc. to be depicted with photo, drawings and location indicated on survey
- POOLS & SPAS** Provide plans and specifications. Also include all fencing, decking & railing modifications, two (2) sets
- RECREATIONAL EQP** Specify manufacturer, type and location on survey
- REPAINTING** Paint manufacturer, type and color paint chip or sample
- ROOF** Manufacturer, type and color
- SCREENING & LATTICE** Specify material, style, color, location & elevation
- STRUCTURAL ADDITION/ MODIFICATION** Provide plans and specifications, two (2) sets
- TREE REMOVAL** Sketch the tree location on a copy of the survey
- OTHER** Submit appropriate information and detailed description

ADDITIONAL COMMENTS _____

DATE TO START PROJECT _____

ESTIMATED COMPLETION DATE _____

For your protection, inquire with the proper authority, either city or county, regarding permit requirements before starting any work on your property. Projects involving new construction, additions, alterations, or any modification to structural, electrical, heating, water, gas or sanitary plumbing systems will most likely require a permit.

INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING

I further understand and agree that no work on this modification request shall commence until written approval from the Architectural Review Committee has been received by the property owner. I represent and warrant that the requested modifications strictly conform to the Declaration of Protective Covenants, Conditions, Restrictions and Easements for Creekside Estates. I further understand and agree that as the property owner, I am responsible for complying with all city and/or county building and zoning regulations.

Property Owner's Signature _____ Date _____

Please return completed form to:

**Creekside Estates HOA
P. O. Box 394
Ball Ground, GA 30107**

TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE (BOARD)

DATE RECEIVED _____

DATE REVIEWED _____

SIGNATURE _____

Committee Action:

- ____ Approved as submitted
- ____ Conditionally approved
- ____ Disapproved
- ____ Deferred until _____
- ____ Withdrawn
- ____ Returned for insufficient information

COMMENTS _____

