

**SPRINGDALE FARMS
HOMEOWNER REQUEST FOR ARCHITECTURAL CHANGE**

Please Print

1. Name _____ Phone _____
Address _____ Fax _____
Lot # _____ Community _____

FOR ALL SUBMISSIONS THE FOLLOWING ATTACHMENTS ARE REQUIRED:

- The builder at closing furnished you with a plot plan for your lot. **On a copy please draw the change in the location of where the proposed addition/improvement will be built.**
 - Elevations and Blueprints or working drawings indicating all dimensions.
 - If available, a photograph or drawing of a similar completed project.
- THE ARCHITECTURAL REVIEW BOARD HAS UP TO 30 DAYS TO RESPOND – PLEASE PLAN ACCORDINGLY***

2. Requesting architectural approval of the following:
_____ Improvement _____ Addition _____ Repair/Replacement

3. Briefly describe the proposed change _____

Location: _____
Dimensions: _____

4. Please list below the major construction materials that will be used in this project. Be as specific as possible:

**Requests for exterior color/materials changes MUST submit samples of color, paint, brick, etc.
(Exterior materials must conform to the original construction or be sufficiently compatible.)**

**Note: All submitted materials will be retained by the Association.
You may wish to make a copy for your personal records.**

5. Will any part of the proposed improvement extend beyond your property line? Yes _____ No _____
If yes, signature and address of the affected homeowner must be provided below:
Signature _____ Printed _____
Address: _____

6. Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer Easement, Landscape Easement, Landscape Preservation Easement or Lake Easement shown on the plot plan of your lot? Yes _____ No _____

Homeowner Request for Architectural Change

7. Project schedule:

- A. The work will be performed by: _____ Homeowner
 _____ Contractor - Name _____
 _____ Both
- B. Subsequent to the committee approval, please indicate the projected start date _____
- C. Please indicate all required permits (building, etc.) _____

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the Committee and in Section 14 of the Declaration of Covenants, Conditions and Restrictions.

Homeowner's Signature _____ Date: _____

For ALL Submissions
Be sure to include the requested attachments listed on the previous page.

Remit to: *CASI*
ATTN: Meredith Reese
11711 North College Avenue Suite 100
Carmel, IN 46032
Phone 317-451-2282 Fax: 317-875-5614

..... **For Office Use Only**

Architectural Review Action:

- () Approved as submitted
- () Approved with restrictions as follows: _____

- () Deferred: Please supply additional information _____

- () Denied: ARB Comments: _____

ARB Signature _____ Date: _____

ARB Signature _____ Date: _____