

Woodvine Homeowners Association Architectural Modification Request Form

This document will become part of the Homeowner's file and must be complied with by any succeeding homeowners. I, _____, do hereby request permission to make the following modification to my home at _____ in the Woodvine Residential Community.
Cell Phone: _____ Home Phone: _____ Email: _____

DESCRIPTION OF REQUEST

Attach the following as applicable:

- Plot Plan with proposed modification(s) to approximate scale with dimensions
- Complete description (photo/drawings) as to construction design, material (types and sizes), and color/finish.
- Floor Plan, Elevation, Section Drawing (i.e. if applicable).
- Copy of County Building Permit (if applicable) –If none is required, include confirmation in writing from the County.
- Fence requests – please review fence criteria documents (see links on web page) for important details.

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.
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(s) at my own expense if:
 - The modification is not constructed or installed as per specifications submitted for approval with this form or
 - The modification is not maintained in a safe condition; or
 - The modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
5. That the modification(s) will be completed within 6 months of approval by the Homeowners Association; after 6 months a new Architectural Modification Request form must be submitted.
6. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable).
7. I certify that I have shown and explained this application to the adjacent residents who are most affected by this proposed alteration. Their signatures (**which do not indicate approval, but rather, indicate having been informed**) are shown below. **If the adjacent homeowner has a problem with the proposed alteration, they should contact the ACC Committee Chair at woodvineboardandofficers@googlegroups.com or any Board member at a phone number listed on the WoodvineHOA.com website.**

Date: _____ Homeowner(s) Signature(s) _____

Date: _____ Adjacent Homeowner(s) Signature(s) _____

Printed Name(s) _____ Address: _____

Cell Phone: _____ Email: _____
Date: _____ Adjacent Homeowner(s) Signature(s) _____
Printed Name(s) _____ Address: _____
Cell Phone: _____ Email: _____

Date: _____ Adjacent Homeowner(s) Signature(s) _____
Printed Name(s) _____ Address: _____
Cell Phone: _____ Email: _____

Date: _____ Adjacent Homeowner(s) Signature(s) _____
Printed Name(s) _____ Address: _____
Cell Phone: _____ Email: _____

OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW

Date Received Architectural Committee _____

- RECOMMENDED By Architectural Committee; or
- NOT RECOMMENDED By Architectural Committee (see notes)

Committee member's signature _____ Date: _____

NOTES _____

Board Approval

- APPROVED by the Board of Directors; or
- APPROVED with the following contingencies by the Board of Directors (see notes); or
- DISAPPROVED by the Board of Directors

NOTES _____

Board member's signature _____ Date: _____

Follow Up

- Completed as submitted
- Not completed as submitted

NOTES _____

Committee member's signature _____ Date: _____