

# Hawthorn Ridge Property Owners Association

## ARCHITECTURAL APPROVAL FORM

Please email to: McKenzie DeLuke -

mckenzie@imcmanagement.net

Homeowner Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval for the following architectural change is hereby requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Change to Exterior Paint Color | <input type="checkbox"/> Roof ( <i>material's selected:</i> _____) * |
| <input type="checkbox"/> Siding                         | <input type="checkbox"/> Deck/Porch/Patio                            |
| <input type="checkbox"/> Fence                          | <input type="checkbox"/> Pool and Required Fencing                   |
| <input type="checkbox"/> Home/Garage Addition           | <input type="checkbox"/> Walkway/Landscape Wall                      |
| <input type="checkbox"/> Driveway/Parking Pad           | <input type="checkbox"/> Other _____                                 |
| <input type="checkbox"/> Exterior Lighting              |  |

\* See 'Declaration of Covenants' for specific requirements

Estimated Start Date: \_\_\_\_\_ Estimated Finish Date: \_\_\_\_\_

Please allow 30 days for HOA board review and response. Board approval must be received before starting project.

### An explanation of the basic nature of the requested change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Instructions for attachments:

For paint color changes, please provide color samples.

For other changes, provide the following (as appropriate):

1. A lot map indicating the position of the alteration with respect to the house and property lines, as well as dimensions. The map should note any established easements and buffer areas.
2. A sketch showing the style and/or front and side views of the alteration. Describe materials being used. For a fence request, in lieu of a sketch of the style, complete the following line:  
Style and height will match that of the fence at \_\_\_\_\_  
[Hawthorn Ridge street address]

**Neighbor Awareness:** *For major modifications*, please obtain signatures from neighbors in close proximity. Signatures indicate an awareness of intent and do not constitute approval or disapproval. Include additional sheets as needed. The committee reserves the right to request additional signatures.

Address: _____	Signature: _____
Comment: (optional) Address: _____	Signature: _____
Comment: (optional) Address: _____	Signature: _____
Comment: (optional)	

DO NOT WRITE IN THIS BOX

Date Received: _____	By: _____	Approved: ___	Denied
Comments: _____			
_____			
_____			
_____			
Homeowner Notified By: _____		Date: _____	

*\*Note: The homeowner or builder is responsible for obtaining any required permits and meeting applicable building regulations and setback requirements. Approval of this general request by the Association does not relieve a homeowner or builder of his/her obligation to meet these requirements.*