Architectural Modification Request Form

Orchard Walk Homeowners Association

In accordance with Article VII of the OWHA Declaration of Covenants, Conditions, and Restrictions, this form is required for all modifications to property. This form is necessary for **anything that may be visible from the street**, including anything above the fence line in back of the house.

Turn in this form and the diagram(s) to a Board Member or the OWHA mailbox at the secretary's house. Architectural Modification Requests will be reviewd and approved by the Architectural Committee and/or Board of Directors at their next scheduled meeting. Please allow up to 60 days for the approval process.

Name:					Address:	Sumerlin Dr.
Contact Phone(s):						
I request approval for						
Please attach any descrip	tion/sketch	needed for the	Architecura	l Committee to vi	sualize the anne	arance of the finished
, .	ns which s	now location o	f the requeste	ed modification in	relation to hom	e and dimensions. Also
				Anticipated Finish Date:		
The work is to be performed by: Name:				Phone:		
age or personal injury w I understand and acknobtaining all necessary p maintenance, repair, and If any change is made tion from the property a	ree that I withich result towledge the permits and upkeep of that has no at the owne	Il be solely liab from the reque at I am respons inspections fo said modificat been approve r's expense.	le for any cla ested modificesible for comp r the request ion. d, OWHA ha	ims including, wit cation. I hereby inc plying with all app red modification ar as the right to ask t	hout limitation, demnify OWHA licable codes an nd further that I he homeowner t	claims for property dam- from all such claims. d ordinances and for am responsible for all
Date received by a Board		Member receiving packet:				
Action of the Architect C Approved as reque Disapproved for the	ested.		pproved subje	ect to the following c	onditions/modific	cations:
Members Reviewing Name	Date	Approve / 1	Disapprove			

______ Approve / Disapprove _____