Amber Ridge Homeowner Association Architectural Control Committee

HOMEOWNERS REQUEST FOR CHANGE

Name				Home Phone				
Address				Cell Phone				
Lot Number _		Email addr	ess			_		
Briefly descri	be the proposed ch	anges:						
				vill be used in this proj or be sufficiently comp		as specific as po	ossible. (<i>Exterior i</i>	materials
	changes or modific hecking yes or no.	cations in bas	sic utility	services or existing st	ructures	to accommodat	e the proposed ch	nange?
		Yes	No		Yes N	No		
	Electric Telephone Natural Gas Water Sewage Cable/Satellite	00000	00000	Exterior Walls Patio Fencing Patio Slab Sidewalks Pavement Other	00000	00000		
Please attach	the following infor	mation.						
2. Blue		Irawings indi	cating all	ons of the project necessary dimensions milar completed proje		evations		
The Project v	vill be done by: hor	neowner	contra	ctor (name)		or both		
Project sche	dule: Please ind	icate the ap	proximat	e time needed to co	mplete t	the project, sub	sequent to ACC a	approval.
Please indica	te any building per	mits that will	be requi	red:				

NOTE: When the Architectural Control Committee (ACC) and the Amber Ridge Homeowners Association (HOA) grant approvals, they have no liability or responsibility for any defect in any plans, specifications or other materials submitted to them, and moreover, holds no responsibility for defects in any work done on the project. When ACC/HOA grant approvals, and there are easements on the lot regarding utilities or civil agencies, that any changes or improvements made upon those easements may be subject to removal of alteration, which is not the liability or responsibility of the ACC/HOA. Liabilities when projects are constructed upon such easements are the lot owner's responsibility. All submitted materials remain the property of the Amber Ridge Homeowners Association Architectural Control Committee. You may wish to make a copy for your personal records. The Amber Ridge Homeowners Association Architectural Control Committee is allowed up to **30 days from date of receipt to approve your request.**

I hereby acknowledge that I have read and understand the Amber Ridge Homeowners Association Architectural Control Committee Standards, Restrictions, and Guidelines and as set forth by the Amber Ridge Architectural Control Committee, as well as the Plat Covenants, Conditions and Restrictions and Declaration of Covenants.

Homeowner Signature:	Date					
DO N	OT WRITE BELOW THIS LINE					
Date Received	Received by					
COMMITTEE ACTION:						
Approved as submitted						
Approved with Conditions stated in comments						
Deferred						
Additional information required						
Other						
Denied						
COMMENTS:						
Signed_	Date					

Amber Ridge Homeowners Association Architectural Control Committee Representative