

# Request for Architectural Change

Name: \_\_\_\_\_ Lot# \_\_\_\_\_

Address: \_\_\_\_\_

Best Number for Contact: \_\_\_\_\_ Email: \_\_\_\_\_

1. Please select the options that best fit your Architectural request:

Addition  Repair  Update

2. Project Work Time Frame

a. When do you plan to start the project? \_\_\_\_\_

b. When do you plan to complete the project? \_\_\_\_\_

3. Please indicate any building permits that will be required:

a. Name of Permit(s) obtained: \_\_\_\_\_

b. Date Permit(s) obtained: \_\_\_\_\_

4. The work will be performed by:

a. Home Owner  Contactor  Both

b. Name(s): \_\_\_\_\_

5. Briefly describe the proposed work being performed including materials, colors, etc.. (Exterior materials must conform to the original construction or be sufficiently compatible.):

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

6. Will any part of the proposed work extend beyond your property line?

YES  NO

7. Will any part of the proposed work extend into any Common Area, Utility, Drainage, Sewer, Landscape or Lake Easement(s): YES  NO

## FOR ALL SUBMISSIONS, THE FOLLOWING ATTACHMENTS ARE REQUIRED:

- A plot plan indicating the location and dimensions of the proposed improvement must be included for any architectural change request
- Please include Elevations and Blueprints or working drawings indicating all dimensions.
- If available, a photograph or drawing of a similar completed project.

## ARCHITECTURAL CHANGE STANDARDS

I understand that under the Declaration and the rules and regulations, the Board will act on this request and provide me with a timely response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the Association.
2. All work will be done at my expense and all future upkeep will remain at my expense.
3. I will contact the Utility Number before any digging starts – 1-800-382-5544 or 811
4. I will be responsible for the conduct of all persons, agents, contractors, and employees connected with this work.
5. I assume all liability and responsibility for all damage and/or injury which may result from performance of this work

I hereby acknowledge that I have read and understand the ARCHITECTURAL CHANGE STANDARDS set forth by the Board, as well as the Declaration of Covenants and Restrictions.

**\*\*\*\*\*SIGNATURE REQUIRED\*\*\*\*\***

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed and signed documents to:

**Sentry Management Inc.  
8425 Keystone Crossing Suite 108  
Indianapolis, IN 46240  
Phone: 317-251-9393  
Fax: 317-251-3404  
Email: poc@myauburnmeadows.com**

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

THE COMMITTEE MAY TAKE UP TO 15 DAYS TO REPLY – PLEASE PLAN ACCORDINGLY – THANK YOU!

If no response after 15 days, consider it approved per Covenants (Page 6, Section 10)