

# Cobblestone Springs Homeowners Association

## ARCHITECTURAL CONTROL COMMITTEE

### HOMEOWNERS REQUEST FOR CHANGE

Please complete items 1 – 8 only.

DATE \_\_\_\_\_

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Lot # \_\_\_\_\_ E-mail address: \_\_\_\_\_

2. Briefly describe the proposed change:

3. Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change? Please indicate.

	YES	NO		YES	NO
Electric	_____	_____	Exterior Walls	_____	_____
Telephone	_____	_____	Patio Slab	_____	_____
TV Cable	_____	_____	Patio Fencing	_____	_____
Gas	_____	_____	Side walks	_____	_____
Water	_____	_____	Pavements	_____	_____
Sewage	_____	_____	Other	_____	_____

4. Please list below the major construction materials that will be used in this project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible.)

5. If the project involves fencing, a permit is required from the Town of Avon. Have you applied for the Town's fence permit? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a

6. Does the proposed project cross your property line or connect with a neighbor's structure?  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a

If so: do you have written permission to make a connection? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a

\*\*\*To avoid problems with future homeowners, the homeowner's association strongly recommends recording such an agreement at the county recorder's office.

If applicable, please provide the name and address of effected homeowner.

Name \_\_\_\_\_ Address \_\_\_\_\_

7. Please attach the following information as applicable.
- A. A copy of your lot survey with project location shown - REQUIRED.
  - B. Plot plan indicating the location and dimensions of the project.
  - C. Working drawings or specification sheets indicating all necessary dimensions, elevations, and materials.
  - D. A photograph, drawing of a similar completed project or product literature.
8. Project schedule:
- A. The project will be installed by: \_\_\_\_\_
  - B. Approximate time needed to complete project, after committee approval? \_\_\_\_\_
  - C. Are there any building permits required? \_\_\_\_\_

**NOTE:** All submitted materials shall remain the property of the association. You may wish to make a copy for your personal records.

The Architectural Control Committee has a total of 30 days to act on any request. The 30 days shall start from the time the application is accepted as complete by the Architectural Control Committee. No work is to commence until written approval is received.

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the by-laws and the Architectural Control Committee (A.C.C.) Guidelines. Furthermore, I understand and agree that any additions, improvements, repairs, or alterations to my property are the sole responsibility of the homeowner and homeowner shall be fully responsible for maintenance, repairs, and upkeep on same.

**In addition homeowners are responsible for locating underground utilities and obtaining all applicable permits.**

Homeowners Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete both pages and return to:

**Cobblestone Springs HOA**  
**c/o Omni Management Services**  
**PO Box 441570**  
**Indianapolis, IN 46244**  
**(317) 541-0000 Office**  
**(317) 541-0002 Fax**  
[jmains@omni-property.com](mailto:jmains@omni-property.com)

DO NOT WRITE BELOW

Committee Action:

- (        ) Approved as submitted
- (        ) Deferred
- (        ) Additional information required:
- (        ) Other: \_\_\_\_\_
- (        ) Denied

Comments: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_