

ARCHITECTURAL CONTROL COMMITTEE
HOMEOWNER REQUEST FOR CHANGE

Return Request to:
NIAGARA NEIGHBORHOOD MANAGEMENT
P.O. Box 990
Brownsburg, IN 46112
317-852-8360 fax: 852-8549

DATE: _____ COMMUNITY: ***Glen Haven West***

1. Name: _____ Phone #: _____

Address: _____

Street City Zip

Model or Unit Type: _____

2. 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 Fencing	_____	_____
Gas	_____	_____	Patio Slab	_____	_____
Water	_____	_____	Sidewalks	_____	_____
Sewage	_____	_____	Pavements	_____	_____
TV Cable	_____	_____	Other _____		

4. Please list below the major construction materials, which 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. Will the proposed project extend beyond your property line?

YES___ NO___

If YES, please provide the name and address of the affected homeowner below.

Name:_____ Address:_____

6. If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information:

- A. Blueprints or working drawings indicating all necessary dimensions and elevations.
- B. If available, a photograph or drawing of a similar completed project.

*****NOTE: A PLOT PLAN INDICATING THE LOCATION AND DIMENSIONS OF THE PROJECT MUST BE INCLUDED FOR ANY ARCHITECTURAL CHANGE REQUEST.**

YOUR PLANS WILL BE RETURNED TO YOU IF A PLOT PLAN IS NOT INCLUDED.

7. Project schedule:

- A. The project will be done by: _____ Homeowner
_____ Contractor(s)
_____ Both

Contractor

Name:_____ Phone:_____

- B. Please indicate the approximate time needed to complete the project, subsequent to the committee approval _____.

- C. Please indicate any building permits that will be required.

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

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the Committee.

Homeowner's Signature: _____

Committee Action:

- ☐ **Approved as submitted**
- ☐ **Deferred**
- ☐ **Additional information required:**

- ☐ **Other:**

- ☐ **Denied**

Comments:

Authorized Signature(s): _____

Date: _____