

Covington Reserve Community Association Phase III Architectural Change Request

Please complete Items 1-7 only

1. Name _____ Phone _____
Address _____ Lot # _____

2. Briefly describe the proposed change:

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

	yes	no		yes	no		yes	no
Electric	___	___	Sewage	___	___	Patio Slab	___	___
Telephone	___	___	TV Cable	___	___	Sidewalks	___	___
Gas	___	___	Exterior walls	___	___	Driveway	___	___
Water	___	___	Patio Fencing	___	___	Other	___	___
Explain other _____								

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

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

- Plot plan indicating the location and dimensions of the project.
- Prints or working drawings showing dimensions and elevations.
- If available, a photograph or drawing of a similar completed project.

6. If proposed project is a change or addition to the landscaping around your home, describe briefly the proposed change. Include a drawing or diagram showing where the change will occur, and the size of the area affected.

7. Project schedule

- a. Project will be done by: ____ Homeowner ____ Contractor
Contractor's name _____ Phone No. _____
- b. Estimated time, after approval, to complete project _____
- c. City building permit(s) required ____ yes ____ no

I hereby acknowledge that I have read and understand the Architectural Requirements as well as the Declaration of Restrictions and Covenants set forth by the Association.

Homeowner's Signature _____ **Date** _____

It is encouraged to email the document directly to architectural chair, Karen Drook (kardro10@gmail.com)

Note: All submitted material shall become the property of the Association. You may wish to make a copy for your personal records. After the Architectural Control Committee decides the disposition of this request, a copy of this form will be provided to the homeowner.

DO NOT WRITE BELOW

Committee action:

(____) Approved as submitted

(____) Deferred

(____) Additional information required _____

(____) Other _____

(____) Denied _____

Committee Members Signatures

Date

_____	_____
_____	_____
_____	_____