

SONORA HOMEOWNERS ASSOCIATION, INC.
ARCHITECTURAL CONTROL REQUEST

Scope of Architectural Control Request:

No building, outbuilding, fence, wall, swimming pool or spa, or other structure shall be commenced, erected, or maintained upon any Lot, nor shall any exterior addition to or change or alteration therein be made until a set of plans and specifications showing the nature, kind, shape, height, materials and location of the same shall have been submitted to and approved in writing by the Architectural Control Committee as to harmony of external design and location in relation to surrounding structures and topography and the standards and guidelines established by the Architectural Control Committee. In summary, all additions or changes to the exterior of the home or to the Lot must be submitted to the Architectural Control Committee. All approvals shall be requested by submission to the Architectural Control Committee of plans and specifications showing the following:

ARCHITECTURAL APPROVAL HOMEOWNER DATA:

Date Submitted to Committee _____ **Proposed Start Date** _____
Name _____
Address _____ **Lot #** _____
Phone _____
Email Address _____
Property Owner Signature _____

DESCRIPTION OF REQUEST (attach copies of actual plans/specifications/proposals):

The Architectural Control Committee shall have ninety (90) days from date of receipt of request to approve the submitted plans and specifications before any work may start. This approval does not replace any building permits required by City/County government. Remember for your own protection, as the homeowner, you should review any easement issues that may arise with this addition or modification. Should your project be approved remember to CALL BEFORE YOU DIG. The number is 811.

Please remit form with attachments to: **Sonora Homeowners Assn., Inc.**
c/o The Newcomb Group
Email: tng@newcombgroup.us **10214 Chestnut Plaza Drive #220**
Fort Wayne, IN 46814

FOR BOARD USE ONLY

Date received by Committee _____
Approved _____ **Denied** _____
Require more information from Homeowner _____
Explanation _____

A FULL SERVICE COMMUNITY MANAGEMENT COMPANY

10214 Chestnut Plaza Drive, #220 | Fort Wayne, IN 46814 | Office: 260.432.3942 | newcombgroup.us

PROVEN

TRUSTED

PROFESSIONAL