

BROOKS CHASE H.O.A., INC.

ARCHITECTURAL CHANGE REQUEST

Note: Committee has 30 days to review and respond to all requests.

(Please complete items 1 – 6, read and sign the Disclosure Statement on pg 2)

1. Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ E-mail: _____
 Section / Community: _____ Lot: _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR ALL SUBMISSIONS:

- Copy of plat plan. (provided by builder at closing) Please indicate on your plot plan, the location of the proposed addition / improvement. ****If you do not have a plot plan contact Hamilton County Recorder's Office at (317) 776-9618 or (317) 776-9619****
- Elevations and blueprints or working drawings indicating all dimensions
- A photograph, drawing of a similar completed project.

2. I am requesting architectural approval for approval for the following:

Improvement Addition Repair / Replacement

3. Briefly describe the proposed change: _____

Location: _____ Dimensions: _____

4. 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	___	___	Fencing	___	___
Gas	___	___	Patio Slab	___	___
Water	___	___	Sidewalks	___	___
Sewage	___	___	Pavements	___	___
TV Cable	___	___	Other: _____		

5. 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.)

Request for exterior color/material changes MUST have samples submitted of: color, paint, brick, etc. (Exterior materials must conform to the original construction or be sufficiently comparable)

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

- A. The project indicating the location and dimensions of the project.
- B. Plat map, blueprints and/or working drawings indicating all necessary dimensions and elevations.
- C. An architectural rendering, photograph, brochure, and/or drawing of a similar completed project.

7. Project schedule:

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

B. Approximate project start date after approval: _____
 Approximate project completion date: _____

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

Please read the Architectural Change Standards below, sign, date and return as indicated.

I understand that under the Declaration and the rules and regulations, the Committee/board will act on this request and provide me with a written 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 expenses and all future upkeep will remain at my expenses.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself and/or a licensed and insured contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. I will be responsible for complying with all applicable federal, state and local laws, codes, regulations and requirements in connection with this work and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Association, it's Board of Directors, its agent and/or the Committee have no responsibility with respect to such compliances and that the Board of Director's and/or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulations or governmental requirement.

NOTE: All submitted material 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 CHANGE STANDARDARDS** set forth by the Board, as well as the Declaration of Covenants and Restrictions.

Homeowner's Signature: _____ Date: _____

RETURN COMPLETED FORM TO:

Sentry Management, Inc.
Attn: arcindy@sentrymgmt.com
8425 Keystone Crossing #108
Indianapolis, IN 46240
317-251-9393 phone

DO NOT WRITE BELOW

Board/Committee Action:

Approved as submitted.

Deferred
Additional information requested: _____

Other: _____

Denied: _____

Comments: _____

Board/Committee Signature: _____ Date: _____

Board/Committee Signature: _____ Date: _____

Board/Committee Signature: _____ Date: _____

RCVD in full at Sentry _____

Reviewed by ARB _____

30 Day Deadline _____