

Design Guidelines Review Procedures for Modifications

Waldrop Station HOA

Modification Request Form

Homeowner's Name: _____ Date: _____

Address: _____ Lot Number: _____

Estimated start date: _____ Estimated complete date: _____

Home Phone: _____ Daytime Phone: _____

TYPE OF MODIFICATION BEING REQUESTED

MINOR

- | | | | |
|--------------------------|-----------------------|--------------------------|--------------|
| <input type="checkbox"/> | Play Equipment | <input type="checkbox"/> | Landscaping |
| <input type="checkbox"/> | Change of House Color | <input type="checkbox"/> | Tree Removal |
| <input type="checkbox"/> | Front Door | <input type="checkbox"/> | Other |

MODERATE

- | | | | |
|--------------------------|---------------------|--------------------------|-------|
| <input type="checkbox"/> | Deck/Screened Porch | <input type="checkbox"/> | Fence |
| <input type="checkbox"/> | Retaining Wall | <input type="checkbox"/> | Steps |
| <input type="checkbox"/> | Gazebo | <input type="checkbox"/> | Other |

MAJOR

- | | | | |
|--------------------------|---------------|--------------------------|---------------|
| <input type="checkbox"/> | Room Addition | <input type="checkbox"/> | Swimming Pool |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

Permission is hereby granted for members of the Waldrop Station Architectural Control Committee and Homeowners' Association representatives to enter the property to make reasonable observations and inspections of the requested modification and completed project. The Applicant represents by the act of entering into the review process with the Waldrop Station Architectural Control Committee that all representatives of Applicant, including, but not limited to, Applicants architect, engineer, contractors, subcontractors, and their agents and employees shall be made aware by the Applicant of all applicable requirements of the ACC and shall abide by these Procedures, the Guidelines and the Covenants, Conditions and Restrictions with respect to approval of development plans and specifications.

Homeowner Signature: _____

ASSOCIATION MANAGEMENT PROFESSIONALS(AMP) USE ONLY			
Date request received by AMP:	() In Person	() By Mail	() Fax _____
Response Date: _____	Signature: _____		
() Approved () Conditional Approval* () Disapproved*			
*Explanation _____			

*****PLEASE ATTACH PLANS AND A DETAILED EXPLANATION OF YOUR REQUEST*****

Mail to us at: Association Management Professionals 3400 Chapel Hill Rd, #100-18 Douglasville, GA 30135	Fax to us at: 678-217-8601 Call us at: 678-813-2505
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