WINCHESTER POINTE ARCHITECTURAL REQUEST FORM APPLICATION FOR PROPERTY MODIFICATION, ALTERATION OR ADDITION

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Da	te of Application:
Но	meowner's Name:
Pro	operty Location:
Ма	iling Address:
	me Phone #: Cell #:
	scription of Request:
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Att	ach the following as applicable:
	Plot Plan with proposed modification(s) to approximate scale with dimensions Complete description (photos/drawings) as to construction design, materials (types and sizes), color & finish Floor Plan, Elevations, Section Drawing (i.e., footings) Copy of County Building Permit
١D	O, BY MY SIGNATURE UNDERSTAND AND AGREE TO THE FOLLOWING:
1. 2.	That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the modification(s) is my responsibility. That the modification(s) will not in any way hinder yard care.
3.	That I will accept sole responsibility for any damage to person or property that may be caused by this modification(s).
4.	That the Homeowners Association reserves the right to require removal or repair of the modification(s) at my own expense if: (a) the modification(s) is not constructed or installed as per specifications submitted for approval with this form; or (b) the modification(s) is not maintained in a safe condition; or (c) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.

- 5. I certify that I have read and agree to follow the rules and regulations pertaining to Architectural Control.
- 6. Work must be completed within sixty days from date of approval.

Date:	Homeowner's Signature:
FOR ARCHITECTURAL CONTROL	L COMMITTEE USE ONLY:
Date application received:	Received by:
Approved as submitted	
Conditional Approval (based on	the following):
Denied for the following reason	(s):
Date:	ARC Chairman's Signature:

This document shall become part of Winchester Pointe's Homeowner's file and must be complied with by all succeeding Homeowners.