

Autumn Creek Property Owners Association

APPLICATION FOR MODIFICATION(S)

NAME: _____
ADDRESS: _____
DATE: _____
PHONE: _____
E-Mail: _____

PLEASE REFER TO YOUR COPY OF THE COVENANTS AND RESTRICTIONS BEFORE COMPLETING

MODIFICATIONS REQUESTED (Include specific details of material, colors, styles, etc.)

- () FENCES: Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings.
- () LANDSCAPING: Statuary, fountains, decorative structures, etc. to be depicted with photo, drawings and location indicated on survey.
- () POOLS & SPAS: Provide plans and specifications. Also include all fencing, decking & railing modifications, two (2) sets.
- () RECREATIONAL EQUIP.: Specify manufacturer, type and location on survey.
- () REPAINTING: Paint manufacturer, type and color.
- () ROOF: Manufacturer, type and color.
- () SCREENING & LATTICE: Specify material, style, color, location & elevation.
- () STRUCTURAL ADDITION/ Provide plans and specifications, two (2) sets.

MODIFICATION:

- () TREE REMOVAL: Sketch the tree location on a copy of the survey.
- () OTHER: Submit appropriate information and detailed description.

ADDITIONAL COMMENTS: _____

DATE TO START PROJECT: _____

ESTIMATED COMPLETION DATE: _____

APPLICATION FOR MODIFICATIONS CONTINUED:

For your protection, inquire with the proper authority, either city or parish, regarding permit requirements before starting any work on your property. Projects involving new construction, additions, alterations, or any modification to structural, electrical, heating, water, gas or sanitary plumbing systems will most likely require a permit.

INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING

I further understand and agree that no work on this modification request shall commence until written approval of the ACC has been received by the property owner. I represent and warrant that the requested modifications strictly conform to the Declaration of Covenants, Conditions, Restrictions and Guidelines for Autumn Creek Property Owners Association. I further understand and agree that as the property owner, I am responsible for complying with all city and/or parish building and zoning regulations.

Property Owner's Signature: _____ Date: _____

Please return completed form to:

Autumn Creek Subdivision HOA

C/o Renaissance Property Management,

P.O. Box 853

Madisonville, LA 70447

TO BE COMPLETED BY ARCHITECTURAL CONTROL COMMITTEE

DATE RECEIVED: _____

DATE REVIEWED: _____

SIGNATURE: _____

Committee Action:

____ Approved as Submitted

____ Conditionally Approved

____ Disapproved

____ Deferred Until _____

____ Withdrawn

____ Returned for insufficient information

COMMENTS: _____
