Summit Pointe Estates

Architectural Change Request

Lot Number:_____ Address:_____ Date:_____

Owner's_____

Email Address:_____

Phone Home:_____ Cell:_____

Estimated Start Date:_____ Proposed Completion Date:_____

Contractor:_____ Phone:_____

Contractor's License Number:_____

Description of, Addition or Replacement:

_____

_____

_____

_____

Material:_____

Color:_____

Please provide three (3) 11 x 17, one (1) PDF file of the construction documents along with two (2) signed copies of this form. One will be retuned to you with the committee's response.

Certification:

I understand approval of the above changes by the Summit Pointe Estates Home Owners Association Architectural Review Committee does not relieve the owner of the responsibility to obtain all necessary building permits. If approved, I agree to make the changes under the terms and conditions specified in the letter of approval. All changes will be on my property. If any portion of the Association's property is disturbed or damaged by my contractor, agent or myself, I agree to restore the Association's property to its original condition at my expense.

Applicants Signature:_____ Date:_____

Approved ☐ Approved as noted ☐

Denied ☐ Reason for Denial:_____

_____

_____

Architectural Review Chairperson:_____ Date:_____