

ARCHITECTURAL CONTROL COMMITTEE

HOMEOWNER REQUEST FOR CHANGE

Return Request to:

NIAGARA NEIGHBORHOOD MANAGEMENT

P.O. Box 990

Brownsburg, IN 46112

317-852-8360 fax: 852-8549

DATE: _____ **COMMUNITY:** ***Falcon Run***

1. Name: _____ **Phone #:** _____

Address: _____

Street City Zip

2. Describe the proposed change:

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

4. 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.)

Unit Address _____

5. Will the proposed project extend beyond your property line?

YES___ NO___

If YES, please provide the name and address of the affected homeowner below.

Name:_____ Address:_____

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

- A. Blueprints or working drawings indicating all necessary dimensions and elevations.
- B. If available, a photograph or drawing of a similar completed project.

*****NOTE: A PLOT PLAN INDICATING THE LOCATION AND DIMENSIONS OF THE PROJECT MUST BE INCLUDED FOR ANY ARCHITECTURAL CHANGE REQUEST.**

YOUR PLANS WILL BE RETURNED TO YOU IF A PLOT PLAN IS NOT INCLUDED.

7. Project schedule:

- A. The project will be done by: ___ Homeowner
 ___ Contractor(s)
 ___ Both

Contractor

Name:_____ Phone:_____

B. Please indicate the approximate time needed to complete the project, subsequent to the committee approval _____.

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

**NOTE: All submitted materials 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 Control Standards set forth by the Committee.

Homeowner's Signature: _____

Unit Address _____

_DO NOT WRITE ON THIS PAGE

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Committee Action:

- Approved as submitted**
- Deferred**
- Additional information required:**

- Other:**

- Denied**

Comments:

Authorized Signature(s): _____

Date: _____