

**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: *Tansel Crossing*

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.

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
<b>Electric</b>	___	___	<b>Exterior Walls</b>	___	___
<b>Telephone</b>	___	___	<b>Patio Fencing</b>	___	___
<b>Gas</b>	___	___	<b>Patio Slab</b>	___	___
<b>Water</b>	___	___	<b>Sidewalks</b>	___	___
<b>Sewage</b>	___	___	<b>Pavements</b>	___	___
<b>TV Cable</b>	___	___	<b>Other</b> _____		

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**

=====

**Committee Action:**

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

\_\_\_\_\_  
\_\_\_\_\_

- Other:**

\_\_\_\_\_  
\_\_\_\_\_

- Denied**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signature(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_