

**ARCHITECTURAL CONTROL COMMITTEE**  
**HOMEOWNER REQUEST FOR CHANGE**

*Return Request to:*  
*Pines of Greenwood ARC*  
*P. O. Box 472*  
*Greenwood, IN 46142*

DATE: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

LOT #: \_\_\_\_\_

2. Describe the proposed change:

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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.)

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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.

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

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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: \_\_\_\_\_

REFERENCE ADDRESS: \_\_\_\_\_

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**Committee Action:**

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

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- Other:**

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- Denied**

**Comments:**

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

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