



HOA Management
Homeowners Association Management

ARCHITECTURAL CHANGE REQUEST FORM

**Submission of Plans to
Architectural Review Committee (ARC)**

Name _____

**Mail To: ARC Chairman
% HOA Management
PO Box 32627
Knoxville, TN 37930**

Address _____

City _____ State _____ ZIP _____

Phone(s) H _____ W _____

Date Submitted _____ Date Received by ARC _____

In accordance with the Covenants and Restrictions (“Declaration”) of the _____ Homeowners Association (“Association”) and the Association’s rules and regulations, I request your consent to make the following changes, alterations, renovations, additions and/or removals to my unit:

[Please attach a detailed (to scale) drawing or blueprint of your plan(s) and a copy of your community plat in duplicate.]



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Is this an amendment to a previous request? _____

If yes, approximate date of previous request: _____

I understand that under the Declaration and the rules and regulations, the Committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the Association.
2. All work will be done at my expense and all future upkeep will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit Owners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. I will be responsible for complying with, and will comply with, all applicable federal, state and local laws, codes, regulations and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the _____, its Board of Directors, its agent and the Committee have no responsibility with respect to such compliance and that the Board of Directors' or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulation or governmental requirement.
8. I understand that a decision by the Committee is not final and that the Board of Directors may reverse or modify a decision by the Committee

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P O BOX 32627 KNOXVILLE, TN 37930 Phone (865)558-3030 FAX (865) 558-3017



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upon the written application of any Owner made to the Board of Directors within ten (10) days after the Committee makes its decision.

9. The contractor is:_____.
10. If approved within thirty (30) days, the work would start on or about _____ and would be completed by _____.

Signature of Homeowner