

SUGARMILL PLANTATION OWNERS ASSOCIATION
APPLICATION FOR ARCHITECTURAL CHANGE

HOMEOWNER: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY,ST.,ZIP: _____ SUBDIVISION: _____

THE UNDERSIGNED RESIDENT/PROPERTY OWNER OF THE ABOVE DESCRIBED PROPERTY IN SUGARMILL PLANTATION DOES HEREBY REQUEST APPROVAL TO MAKE THE FOLLOWING MODIFICATION, ALTERATION, OR ADDITION TO THAT PROPERTY AS DEPICTED IN THE ATTACHED SKETCH, PLANS, OR COLOR CHART. IF APPROVED, I AGREE TO COMPLETE THE PROJECT IN ____ DAYS AND IN ACCORDANCE WITH THE DETAILS PRESENTED IN THIS PROPOSAL AND IN A WORKMANLIKE MANNER. I UNDERSTAND AND AGREE TO COMPLY WITH THE RESTRICTIONS AND COVENANTS OF THE SUGARMILL PLANTATION HOMEOWNERS ASSOCIATION, INC., AND CERTIFY THAT THE PROPOSED PROJECT AS SUBMITTED COMPLIES IN EVERY WAY WITH THE PROVISION AND SPIRIT OF THAT DOCUMENT.

(ATTACH DESCRIPTION OF PROJECT, WITH DRAWING, COLOR CHART, LOCATION PLAT, AS NEEDED TO CORRECTLY DEPICT PROJECT)

PLEASE USE AREA BELOW TO BRIEFLY DESCRIBE ALL PROPOSED IMPROVEMENTS, ALTERATIONS AND CHANGES TO YOUR LOT OR HOME. ATTACH REQUIRED DETAIL BY SKETCHES, DRAWING, CLIPPINGS, PICTURES, CATALOG ILLUSTRATIONS AND OTHER DATA. SHOW LOCATION OF ITEM ON YOUR PROPERTY ON A COPY OF THE SURVEY.

OWNER'S ACKNOWLEDGMENTS: I UNDERSTAND:

1. THAT NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO REPRESENT THAT ALTERATIONS TO LAND OR BUILDINGS IN ACCORDANCE WITH THESE PLANS SHALL NOT VIOLATE ANY OF THE PROVISIONS OF BUILDING AND ZONING CODES OF THE COUNTY TO WHICH THE ABOVE PROPERTY IS SUBJECT. FURTHER, NOTHING HEREIN CONTAINED SHALL BE CONSTRUED AS A WAIVER OR MODIFICATION OF ANY SAID RESTRICTIONS;
2. THAT NO WORK ON THIS REQUEST SHALL COMMENCE UNTIL WRITTEN APPROVAL OF THE ARCHITECTURAL CONTROL COMMITTEE HAS BEEN RECEIVED BY ME;
3. THAT ANY CONSTRUCTION OR EXTERIOR ALTERATIONS UNDERTAKEN BY ME OR IN MY BEHALF APPROVAL OF THIS APPLICATION IS NOT ALLOWED; THAT; IF ALTERATIONS ARE MADE. I MAY BE REQUIRED TO RETURN THE PROPERTY TO IT'S FORMER CONDITION AT MY OWN EXPENSE IF THIS APPLICATION IS DISAPPROVED WHOLLY OR IN PART; AND THAT I MAY BE REQUIRED TO PAY ALL LEGAL EXPENSES INCURRED;

4. THAT ANY APPROVAL IS CONTINGENT UPON CONSTRUCTION OR ALTERATIONS BEING COMPLETED IN A WORKMANLIKE MANNER;

5. THAT MEMBERS OF THE ARCHITECTURAL CONTROL COMMITTEE ARE PERMITTED TO MAKE A ROUTINE INSPECTION;

6. THAT A COPY OF THIS APPLICATION WILL BE RETURNED TO ME AFTER REVIEW BY THE ARCHITECTURAL CONTROL COMMITTEE;

7. THAT THERE ARE ARCHITECTURAL REQUIREMENTS COVERED BY THE COVENANTS AND A REVIEW BOARD PROCESS AS ESTABLISHED BY THE BOARD OF DIRECTORS.

8. THAT THE ALTERATION AUTHORITY GRANTED BY THIS APPLICATION WILL BE REVOKED AUTOMATICALLY IF THE ALTERATIONS REQUESTED HAVE NOT COMMENCED WITHIN THIRTY (30) DAYS OF THE APPROVED DATE OF THIS APPLICATION AND/OR COMPLETED BY ANY DATE SPECIFIED BY THE COMMITTEE;

9. THAT ALL PROPOSED IMPROVEMENTS MUST MEET CITY, STATE AND LOCAL CODES. MY SIGNATURE INDICATES THAT THESE STANDARDS ARE MET TO THE BEST OF MY KNOWLEDGE. UNDERSTAND THAT APPLICATIONS FOR ALL REQUIRED BUILDING PERMIT(S) ARE MY RESPONSIBILITY;

10. THAT ANY VARIATION FROM THE ORIGINAL APPLICATION MUST BE RESUBMITTED FOR APPROVAL.

ATTACHMENTS : (1) SKETCH, PHOTO, CATALOG ILLUSTRATIONS, ETC.
REQUIRED: (2) COPY OF SURVEY MARKED WITH CHANGE BEING REQUESTED.

SIGNATURES:

SIGNATURE IS REQUIRED FROM AT LEAST THE OWNER'S OF FOUR (4) PROPERTIES WHO ARE MOST AFFECTED BECAUSE THEY ARE ADJACENT AND/OR HAVE A VIEW OF YOUR PROPOSED CHANGE. SHOULD ONE OF YOUR NEIGHBORS DISAPPROVE, PLEASE INDICATE WITH THE REASON FOR THEIR DISAPPROVAL NOTED IN THE COMMENTS SECTION. THEIR SIGNATURES INDICATE AN AWARENESS OF YOUR INTENT AND DO NOT CONSTITUTE OR INDICATE APPROVAL OR DISAPPROVAL BY THE COMMITTEE.

NAME	ADDRESS
NAME	ADDRESS
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OWNER/APPLICANT SIGNATURE: _____ DATE _____ CO-OWNER/APPLICATION SIGNATURE _____ DATE _____

FOR COMMITTEE USE ONLY: DATE RECEIVED: _____

APPROVED: _____ DATE: _____

DISAPPROVED: _____ DATE: _____

COMMENTS: _____

BOARD OF DIRECTORS:

APPROVED: _____ DATE: _____

DISAPPROVED: _____ DATE: _____

COMMENTS: _____