

Gables Crossing

APPLICATION FOR ARCHITECTURAL APPROVAL OF MODIFICATIONS

Applicant's Name: _____ Application Date: _____

Address of Lot: _____

Applicant's Mailing Address (if different): _____

Contractor's Name (if applicable): _____

Contractor's License Number: _____

PROPOSED MODIFICATION TYPE (check as applicable):

_____ House Addition	_____ Landscaping
_____ Color Change	_____ Tree Removal
_____ Deck	_____ Play Structure
_____ Pool or spa	
_____ Fence	
_____ Storage Shed	_____ Other (describe) _____

SQUARE FOOTAGE OF HOUSE AFTER ADDTION (if applicable):

Heated _____	Second Floor _____
Unheated _____	First Floor _____
Total _____	Below Grade _____

EXTERIOR MATERIALS: (siding, brick, foundation, stoops, etc.)

EXTERIOR COLORS: (include MFG. Name)

Siding _____	Brick _____
Doors _____	Roof _____
Shutters _____	Other _____
Trim _____	_____

SITE AN LANDSCAPE PLAN: (House, drive, walk locations, fencing, walls, hedges, planting, plans, set backs, etc.)

Expected Startup Date: _____ Expected Completion Date: _____

APPLICATION MUST BE APPROVED **BEFORE** CONSTRUCTION OR INSTALLATION BEGINS

SUBMITTED BY: _____
Contractor/Owner

For Reviewer Use:

DATE OF RECEIPT: _____

DATE OF ACTION: _____

DECISION: _____ Rejected _____ Approved as submitted _____ Approved with conditions
(see attached)

MAIL APPLICATION TO:

