HOMEOWNERS ASSOCIATION OF GATEWAY GARDENS

ARCHITECTURAL MODIFICATION REVIEW REQUEST

From: (Owner's Name) _____Lot #_____

Address: _____

Home Phone: _____Cell Phone: _____

Email Address: _____

Approval is hereby requested to make the following modification(s), as described below, **or on additional pages** as necessary. Please include all color, design and location information as well as a drawing/survey that has been blown up to show proposed structure with dimensions.

_____
_____
_____
_____

I am agreeing to comply with each of the following by initialing in front of each line item:

_____ 1. That if the modification is not completed as approved, said approval can be revoked and the modification(s) will be required to be removed at the owner's expense.

_____ 2. To comply with all state, county and city building codes to obtain necessary permits if applicable.

_____ 3. That I am responsible to pay for any repair and all damage done to the common areas as a result of the installation.

_____ 4. To abide by the decision of the Board of Directors.

_____ 5. That if the modification is not approved or does not comply, I/we may be subjected to court action by the association and that I/we shall be responsible for all reasonable attorney fees.

_____ 6. If the Association incurs an expense while considering the application with an outside professional (i.e., a licensed Architect) the applicant will be responsible for said fee.

_____ Date work will begin: _____
Owner Signature Date Date work will finish: _____

Submit/mail completed form to: Gateway Gardens HOA office
****** Please allow up to 30 days from submittal for approval. ******

Date Received: _____

_____ _____
Approved by Date Not Approved by Date

Comments:
_____

Revised: May 2019

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