



EXTERIOR PAINT ARCHITECTURAL MODIFICATION REVIEW REQUEST

Show approved color from HOA Approved Paint schemes for each of the following:

- 1. Main Stucco/Fence - _____
- 2. Raised Stucco Bands - _____
- 3. Front Door (s) - _____
- 4. Garage Door - _____
- 5. Shutters - _____
- 6. Fascia - Same as the Raised Stucco Bands _____ (Exception would be Bear Rug)

From: (Owner's Name) _____ Lot # _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

Revised: May 2019