Jonathan's Landing Community Association

<u>Architectural Change Request</u>

PLEASE COMPLETE ITEMS 1-6 ONLY!

1. Name _____
    Phone _____
    Address_____
    Email _____
    Lot or Unit Number _____

2. Briefly describe the proposed change:

    _____
    _____
    _____
    _____
    _____

3. Will there be changes or modifications in basic
    utility services or existing structures to accommodate
    the proposed change? Please indicate below:

	Yes	No		Yes	No
Electric	___	___	Exterior Walls	___	___
Telephone	___	___	Patio Fencing	___	___
Gas	___	___	Patio Slab	___	___
Water	___	___	Sidewalks	___	___
Sewage	___	___	Pavement	___	___
TV Cable	___	___	Other	_____	

4. Please list below the major construction materials,
    which will be used in this project. Be as specific as
    possible. (Exterior materials must conform to those
    used on the original building or be sufficiently
    compatible.

    _____
    _____
    _____
    _____

5. If the proposed project is an addition or alteration
    that would change the structural appearance of your
    residence, please attach the following information.
    A.   Plot plan indicating the location and dimensions
    of the project.
    B.   Blueprints or working drawings indicating all
    necessary dimensions and elevations.
    C.   If available, a photograph or drawing of a

similar completed project.

6. Project Schedule:
A. The project will be done by
_____ homeowner ____ Contractor(s)
Name _____
B. Please indicate the approximate time needed to complete the project, subsequent to the Association's approval. _____
C. Please indicate any building permits that will be required.

_____
_____

NOTE: All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records.

I hereby acknowledge that I have read and understand the Architectural Standards set forth by the Association, as well as the Declaration of Covenants and Restrictions.
Homeowner's
Signature:_____
Date:_____

_____ DO NOT WRITE BELOW _____

Committee Action:

( ) Approved as submitted

( ) Deferred
    ( ) Additional information
    required:_____

    _____

    Other:_____

    _____

( ) Denied
Comments:_____

    _____

Signed:_____
Date:_____