

**FRONTGATE HOMEOWNERS ASSOCIATION  
ARCHITECTURAL CHANGE REQUEST**

- TYPE or PRINT - Please READ INSTRUCTIONS and COMPLETE ALL SPACES. USE A SEPARATE APPLICATION FOR EACH REQUEST.
- County laws require you to obtain a Building Permit on most structural changes to your home and some on your lot. This may include fences, decks, patios, sheds, etc. You are responsible for contacting the County to determine if a permit is required. Approval or denial of Architectural Applications are based on the Homeowners Association criteria. Property owner has sole responsibility for compliance with County codes and regulations.
- ATTACH a detailed, scale drawing plat map or blueprint of the lot, with proposed alterations indicated IN RED (A copy of your lot location drawing received at settlement is ideal.). Include all lot and alteration dimensions, color changes, materials and design information.
- Any variation from the original application must be resubmitted for approval.
- ATTACH structural drawings, including elevation measurements, the color and material list and photo if available, of proposed alteration.
- INCOMPLETE APPLICATIONS, OR APPLICATIONS SUBMITTED WITHOUT PLANS, ETC., WILL BE RETURNED.
- Use the reverse side of Application if more space is needed.
- SUBMISSION OF APPLICATION DOES NOT GIVE AUTHORIZATION TO BEGIN WORK. WRITTEN APPROVAL MUST BE OBTAINED PRIOR TO COMMENCING ALTERATIONS.

Name: _____	Date Submitted: _____
Address: _____	Work Telephone: (____) _____
Signature: _____	Home Telephone: (____) _____
	E-Mail Address _____
Lot #: _____ Block: _____	Date Work to Begin: _____
	Date Work to be Completed: _____

A. Proposed Alteration: \_\_\_\_\_

B. Types of materials: \_\_\_\_\_

C. Dimensions: \_\_\_\_\_

D. Colors: \_\_\_\_\_ House \_\_\_\_\_ Trim \_\_\_\_\_ Door \_\_\_\_\_ Other \_\_\_\_\_ Stain

E. Additional Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature and comments from adjoining property owners. Their signatures indicate an awareness of your intent and do not constitute or indicate approval or disapproval. Signers are encouraged to write to the Association if they have additional comments.

Address	Signature	Comment, if any

\_ \_ \_ FOR HOA USE ONLY \_ \_ \_

Date Received: _____	Date Action Taken: _____	Reviewed/ Approved by: _____
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APPROVED: ___ With these EXCEPTIONS: _____ _____ _____	NOT APPROVED: ___ For these REASONS: _____ _____ _____	INCOMPLETE/PENDING APPLICATION: ___ ___ Incomplete ___ Returned to Owner ___ Provide the following: _____ _____
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