

## CONNECTICUT OVERLOOK HOMEOWNERS ASSOCIATION ARCHITECTURAL CHANGE APPLICATION

TYPE or PRINT - Please read instructions and complete all spaces. USE A SEPARATE APPLICATION FOR EACH REQUEST.

You are responsible for contacting the County to determine if a permit is required. Approval or denial of a request is based on the HOA criteria. Property owner has sole responsibility for compliance with County codes and regulations.

Owner must contact Miss Utility at 800-257-7777 prior to digging.

ATTACH a detailed, scale drawing plat map or blueprint of the lot, with proposed alterations indicated IN RED. 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: _____
Date Work to Begin: _____	Date Work to be Completed: _____

1. Proposed Alteration: \_\_\_\_\_
2. Types of Materials: \_\_\_\_\_
3. Dimensions: \_\_\_\_\_
4. Colors: House \_\_\_\_\_ Trim \_\_\_\_\_ Door \_\_\_\_\_ Other \_\_\_\_\_ Stain \_\_\_\_\_
5. Additional Details: \_\_\_\_\_

Signature and comments from adjoining property owners. Their signatures indicate 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
Address	Signature	Comment, if any
Address	Signature	Comment, if any

### ---FOR HOA USE ONLY---

Date Received: \_\_\_\_\_ Date Action Taken: \_\_\_\_\_ Reviewed/Approved By: \_\_\_\_\_

APPROVED: _____ With these Exceptions: _____ _____ _____	NOT APPROVED: _____ For these REASONS: _____ _____ _____	INCOMPLETE/PENDING APP: _____ Incomplete _____ Returned to Owner _____ Provide the Following: _____ _____ _____
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