

**LEGENDS COUNTRY CLUB CHANGE REQUEST FOR ARCHITECTURAL CONTROL APPROVAL**

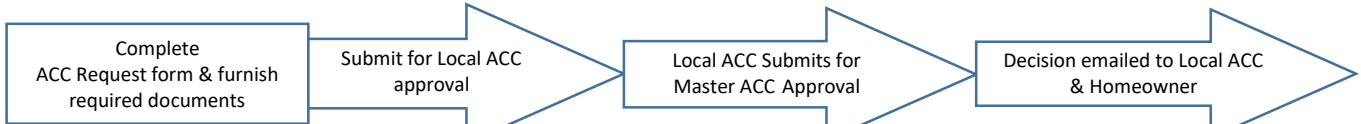
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Homeowner Association/Community: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

**ACC REQUEST APPROVAL PROCESS OCCURS MONTHLY: A MISSED CUTOFF ADDS 30 DAYS TO THE PROCESS**



The Master ACC Meeting is held the second Wednesday of each month in the Activities Room in the Clubhouse. Requests must be received at the Legends Clubhouse with all of the required approvals and documentation **no later than noon Friday the week before the Master ACC meeting.**

**Important: Approvals take as little as 5 days and as many as 35 days based on when the request was received.**

**ACC APPROVAL REQUEST REQUIRED DOCUMENTATION CHECK LIST. SEE OTHER SIDE FOR WORKSHEET:**

	YES	NO	N/A
Homeowner to perform the proposed work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of proposed work –Cages provide 3D view. Hurricane Shutters provide a picture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing depicting location of work if applicable (use your survey for this document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint Color if applicable with attached paint chip sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to local HOA/Condo Association for review and approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL FORMS: REQUIRED ONLY FOR VENDOR PERFORMED WORK**

Certificate of Liability Insurance <u>must name homeowner as the Certificate Holder</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All original forms and documentation must be attached to the ACC approval request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I acknowledge and accept full financial responsibility for any damage incurred - Initial Box**

**By my signature below I acknowledge my responsibility and attest to ensure that no work will begin until I receive notice that this request is signed and approved by BOTH my local ACC chair and the Master Board ACC chair, if applicable.**

Requestors Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Requesting members household cannot be a part of the approval process.

( ) APPROVED ( ) DISAPPROVED

LOCAL ACC CHAIRPERSON SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

LOCAL ACC EMAIL ADDRESS: \_\_\_\_\_

**( ) APPROVED ( ) DISAPPROVED**

MASTER ACC CHAIRPERSON SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Master Board November 20, 2024

## ACC REQUEST WORKSHEET

### ROOF REPLACEMENT

Contractor \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Style \_\_\_\_\_  
 Color \_\_\_\_\_  
 Super Gutter Replaced YES NO Color Bronze White  
 New Gutters YES NO New Downspouts YES NO  
 Color Bronze White  
 Size \_\_\_\_\_

**Note: Vents etc. painted to match roof color**

### CAGE REPLACEMENT

Contractor \_\_\_\_\_  
 Change Size YES NO Color Bronze White  
 Screen Color \_\_\_\_\_  
 New Gutters YES NO New Downspouts YES NO Color Bronze White

**Note: 3D drawing required**

### EXTERIOR HOUSE PAINTING

Contractor \_\_\_\_\_  
 SW Base Color/ Number \_\_\_\_\_ / \_\_\_\_\_ SW Trim Color/ Number \_\_\_\_\_ / \_\_\_\_\_  
 SW Garage Door Color/ Number \_\_\_\_\_ / \_\_\_\_\_ SW Front Door Color/ Number \_\_\_\_\_ / \_\_\_\_\_

### DRIVEWAY/WALKWAY REPLACEMENT

Contractor \_\_\_\_\_  
 Widen Driveway YES NO \_\_\_\_\_ FT  
 Widen Walkway YES NO \_\_\_\_\_ FT  
 Pavers YES NO Concrete YES NO OTHER \_\_\_\_\_  
 Color \_\_\_\_\_  
 Pattern \_\_\_\_\_

### WINDOW REPLACEMENT / SHUTTERS / SCREENS

Contractor \_\_\_\_\_  
 Impact YES NO Double Pane YES NO Single Pane YES NO  
 Size For Size YES NO Frame color/material \_\_\_\_\_ / \_\_\_\_\_

**Note: If grids, must replace with same style (grids)**

### LANDSCAPING

Contractor \_\_\_\_\_  
**Must present design plan with name of plantings and location / sketch of any plant removal**  
 Plantings to be used are on the recommended list located on Legends website  
 Landscape Plan with location and plant names required. **Local Approval Only**

### POOL

Contractor \_\_\_\_\_  
 New YES NO (Diagram Required if New) Refurbishment YES NO Interior color \_\_\_\_\_  
**Note: Color pictures of waterline tile, coping tile and pool deck surface**