

SAVANNAHS HOMEOWNERS ASSOCIATION

APPLICATION FOR MODIFICATION(S)

NAME: _____
ADDRESS: _____
DATE: _____
PHONE: _____
E-Mail: _____

PLEASE REFER TO THE COVENANTS AND RESTRICTIONS BEFORE COMPLETING THIS APPLICATION WHICH IS AVAILABLE AT WWW.GNOPROPERTY.COM, CLICK ON OUR COMMUNITIES, THEN CLICK ON THE SAVANNAHS. PLEASE COMPLETE THE APPLICATION AND SEND ANY SUPPORTING DOCUMENTATION (PHOTOS, SKETCH OF PROPERTY WITH CHANGE, ETC.).

MODIFICATIONS REQUESTED (Include specific details of material, colors, styles, etc.)

- () **FENCES:** Specify materials (no pine, cedar), height, style and sketch to scale on copy of survey, use photos or drawings.
- () **LANDSCAPING:** Statuary, fountains, decorative structures, etc. to be depicted with photo, drawings and location indicated on survey.
- () **POOLS & SPAS:** Provide plans and specifications. Also include all fencing, decking & railing modifications, two (2) sets. Please identify placement in yard with dimensions, how far from property line, etc.
- () **RECREATIONAL EQUIP.:** Specify manufacturer, type and location on survey.
- () **REPAINTING:** Paint manufacturer, type and color.
- () **ROOF:** Manufacturer, type and color.
- () **SCREENING & LATTICE:** Specify material, style, color, location & elevation.
- () **STRUCTURAL ADDITION/ MODIFICATION:** Provide plans and specifications, two (2) sets
Please identify placement in yard with dimensions, how far from property line, etc.
- () **TREE REMOVAL:** Sketch/photo of the tree location on a copy of the survey, or on a 8x11 sheet of paper placing a square where the house is located and indicate with an X where the tree(s) are located.
- () **OTHER:** Submit appropriate information and detailed description.

ADDITIONAL COMMENTS: _____

DATE TO START PROJECT: _____

ESTIMATED COMPLETION DATE: _____

APPLICATION FOR MODIFICATIONS CONTINUED:

For your protection, inquire with the proper authority, either city or parish, regarding permit requirements before starting any work on your property. Projects involving new construction, additions, alterations, or any modification to structural, electrical, heating, water, gas or sanitary plumbing systems will most likely require a permit.

INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING

I further understand and agree that no work on this modification request shall commence until written approval of the ARC has been received by the property

owner. I represent and warrant that the requested modifications strictly conform to the Declaration of Covenants, Conditions, Restrictions and Guidelines for The Savannahs Homeowners Association. I further understand and agree that as the property owner, I am responsible for complying with all city and/or parish building and zoning regulations.

Property Owner's Signature: _____ Date: _____

Please return completed form with all supporting documentation to:

GNO Property Management
C/O The Savannahs ARC Committee
826 Union Street, Suite 200
New Orleans, LA 70112
Or fax to (504)566-4795 or email to customerservice@gnoproperty.com

Once a decision is made you will be notified by email and formal letter. If you should have any questions please contact your property manager.

TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE (BOARD)

DATE RECEIVED: _____

DATE REVIEWED: _____

SIGNATURE: _____

Committee Action:

- ____ Approved as Submitted
- ____ Conditionally Approved
- ____ Disapproved
- ____ Deferred Until _____
- ____ Withdrawn
- ____ Returned for insufficient information

COMMENTS:

