



## Hampton Commons Homeowners Association Architectural Change Request Form

Name:	Property Addr	ess:	
Daytime Phone:	Email Address	s:	
Estimated Start Date:	Proposed	Proposed Completion Date:	
Description of Proposed Altera	ation, Change, or Replac	cement:	
-	-		
Proposed Materials:			
Color: Style:	Type:	Dimensions:	
Location: (provide drawing or	detailed description as a	applicable)	
Additional Information: (list	or attach any other relev	vant information)	
Certification:			
Board of Directors does not re Building Permits, Variances, a make the changes under the ter will be on my property or prop	lieve me of the responsi and observing all local zo rms and conditions spec perty lines. If any portion agent, or myself, I agree	mpton Commons Homeowners Association bility for obtaining any and all necessary oning ordinances. If approved, I agree to ified in the letter of approval. All changes in of the Association's property is disturbed to restore the Association's property to	
Applicant Signature:		Date:	
HOA President:		Date:	

Email questions to: hoa@over-brook.com