

**Crooked Creek Heights West Homeowners Association
ARCHITECTURAL CHANGE REQUEST FORM**

Resident Name: _____ **Date:** _____

Property Address: _____ **Phone:** _____

Please provide a brief description of the request. (exterior painting, fencing, signage/outdoor displays, building reconstruction/improvement/addition extension, deck, patio, major landscaping, water wells/septic tanks/sewage disposal system, etc) Please include the reason or purpose for the change.

Note: Along with the above description, the following is necessary

- Drawing of the change proposed (for fences and structures)
- The location of the structure to be added
- Color of exterior paint or roof material, if it is being changed from the original color
- Any other pertinent information required to evaluate proposed change. Refer to the Architectural Control Guidelines for requirements relative to your specific request.

Start Date: _____ **Anticipated Completion:** _____

HOMEOWNER'S AFFIDAVIT

I HAVE READ THE DEED RESTRICTIONS AND POLICIES OF THE CROOKED CREEK HEIGHTS WEST HOMEOWNER'S ASSOCIATION, INC., AND AGREE TO ABIDE BY THE SAME. NO WORK WILL COMMENCE WITHOUT THE WRITTEN APPROVAL OF THE ARCHITECTURAL REVIEW COMMITTEE.

Signed: _____ **Date:** _____

() **Approved by a Quorum of the ARCHITECTURAL REVIEW COMMITTEE**
Date: _____

ARCHITECTURAL REVIEW COMMITTEE SIGNATURE

() **Insufficient information; please resubmit** **Date:** _____

() **Not approved for the following reasons:** **Date:** _____

**PLEASE MAIL YOUR REQUEST TO:
Crooked Creek Heights West Homeowners Association
Architectural Change Request Committee
PO Box 681066
Indianapolis, IN 46268**