



Hamiltons Crossing Homeowners Association
Property Modification Request

Name: _____ **Property Address:** _____

Date: _____ **Email/phone:** _____

Please check all that apply:

- | | |
|--|---|
| <p><input type="checkbox"/> Landscaping
<i>(including tree removal)</i></p> <p><input type="checkbox"/> Fences
<i>(materials to be used and drawing required)</i></p> <p><input type="checkbox"/> Painting
<i>(sample of chip or mfg. color needed)</i></p> <p><input type="checkbox"/> Structural Addition
<i>(set of plans required)</i></p> | <p><input type="checkbox"/> Pool/Spa
<i>(set of plans is required with request)</i></p> <p><input type="checkbox"/> Re-Roofing
<i>(material type and color required)</i></p> <p><input type="checkbox"/> Recreation Equipment
<i>(type and area where placed)</i></p> <p><input type="checkbox"/> Other
<i>(specify in the area provided below)</i></p> |
|--|---|

Description of Other:

Once you have completed your request, please email it to the Architectural Control Committee for review.

Return to: **HOAHAMILTONCROSSING@GMAIL.COM**

Approved: ☐ Denied: ☐ Approved with the following conditions: ☐ _____

Date Received: _____ Date Reviewed: _____ Date Responded: _____

Authorized Signature of HOA Officer: _____
Name Title

www.hamiltoncrossinghoa.com

hoahamiltoncrossing@gmail.com

P.O. Box 1632 Buford GA 30515-8632