

REQUEST FOR PROPERTY MODIFICATION(s)

To: Community Name: Chalfont
c/o Team Management PO BOX 670177 Marietta, GA 30066 or fax 678-393-2204
Or email to modifications@teammgt.com

Name: _____ Date: _____
Address: _____ Phone: _____
E-Mail : _____

Modification(s) Requested

- | | |
|---|---|
| Fences (materials, style, plat & sketch)* | Structure Modification (plan)* |
| Landscaping (species ID & sketch) | Structure Addition (plan)* |
| Repainting | Tree Removal (sketch)* |
| Spas & Pools (plan, style)* | Recreation Equipment (type, location)* |
| Screening (type & elevation) | Satellite Dish (size & location) |
| Other (describe thoroughly) | Front Door Replacement (picture, color) |

Work to be completed by _____ Time frame of the project ____ ____

Description of work:

Homeowner's Acknowledgement: I understand and agree that no work on this request shall commence until written approval of the Architectural Review Committee, Board, or Agent for such has been received by me. I represent and warrant that the requested changes strictly conform to the community design guidelines and that these changes shall be made in strict conformance with the design guidelines. I understand I am responsible for complying with all city and county regulations and have received permits if necessary for such work. Neither the Association; the Association Board of Directors; the Architectural Review Committee; nor their respective members; Secretary; successors; assigns; agents; representatives; or employees shall be liable for damages or otherwise to anyone requesting approval for a property modification or alteration by reason of mistake in judgment, negligence or nonfeasance, arising out of any action with respect to any submission. None of the foregoing assumes any responsibility regarding design, methods of construction, or technical suitability of materials. I hereby release and covenant not to sue all of the foregoing from/for any claims or damages regarding this request or the approval or denial thereof. I further understand that work must commence within ninety (90) days of the date of approval below; failing to do so will nullify the approval and I must re-submit the request.

Homeowner Signature: _____

ARCHITECTURAL REVIEW COMMITTEE USE:

Date Received: _____ Date Approved _____

Approved Conditional Approval Disapproved

Board Member/Approval Signature: _____

Board Member/Approval Signature: _____

Comments:

