

Architectural Modification Request Form

NAME:		LOT #:
ADDRESS:		PHONE:
CITY/STATE/ZIP:		
EMAIL:		
Is this request for: New Construction Change(s) to Plans Landscaping Fencing Description of Modification Requested (Attach additional	Tree Removal Pool/Spa	Other Play/Sport Equipment
Are you requesting any variances to the CCRs or the Architectural Design Guidelines? If yes, please attach a detailed description to this request. Please provide the Architectural Review Committee with all information necessary to evaluate the request thoroughly and quickly.		
Requests must include the following information: site plan (including all dimensions), color chips (if applicable), detailed description of request, list of materials, pictures (if applicable), and elevations (if a structure). Please submit the required Architectural Modification Review Fee of \$150 when submitting this form. The ARC will do its best to respond within 30 days to these requests.		
Homeowner's Acknowledgement: I understand and agree that Architectural Review Committee has been received by me. I r and will be made in accordance with Echelon's Covenants, Corolidelines. I also understand that I am responsible for comply	epresent and warrant that the requenditions & Restrictions and the Arc	ested changes strictly comply with
Neither the Echelon Homeowner's Association, Inc., the HOA respective members, successors, assigns, agents, or representat approval or an architectural alteration by reason of mistake in j respect to any submission. This Architectural Review is direct aesthetics. None of the foregoing assumes any responsibility r materials. I hereby release and covenant not to sue all of the forapproval or the denial thereof.	tives shall be liable for damages or judgment, negligence, or nonfeasanted toward review and approval of segarding design methods of constructions.	otherwise to anyone requesting ace, arising out of any action with site planning, appearance, and uction, or technical suitability of
Homeowner's Signature:		Date: