## Silver Creek Homeowner Architectural Change Request Application





Date: _	<del></del>						
commu	ssion of this application is to assure that all Silvanity conformity as reflected in the community not limited to, sheds, fence installations, decl	documents. Modification refe	rs to physical architectura	l changes such			
1.	Name:	Pho	Phone:				
	Address:	Em	ail:				
2.	Briefly describe the proposed change:						
3.	Please list below the major construction materials that will be used in this project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible with the building and/or community).						
4.	Please attach the following information:						
	A. Plan indicating the location of the project.						
	B. Blueprints, plans, or working drawings indicating all necessary dimensions and elevations.						
	C. If available, a photograph, brochure or drawing of a similar completed project.						
5.	Project Schedule:						
	a. The project will be completed by:	☐ Homeowner	☐ Contractor	☐ Both			
	b. Anticipated start date: with an end date of:						
	c. Approximate time needed to complete project after Board approval?						
	d. Have you received any building permits that may be necessary for your project? $\square$ N/A $\square$ Yes $\square$ No						
	e. Landscape plans need approval with dra	□ N/A □	Yes □ No				

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6.	Have you read all covenants, conditions, and restrictions regarding this modification to ensure you are compliance with the Silver Creek CCR's and all amendments?							
7.	Some projects may require the signatures of several adjacent neighbors. Their signatures indicate their awareness of your proposed plans, but not necessarily their approval. Please contact Silver Creek Board of Directors at board@silvercreek.hoaspace.com for clarification. For most projects, this is not necessary.							
Signatu	ıre:			Address:				
Signatu	ıre:			Address:				
		applications will no	t be processed for an	essed for any Home Owner who is in arrears for any dues or fees				
encroa and Re am to	iches on a neighbor's pr estrictions and will be so contact the city to obta	operty. I agree to a olely liable for any iin a permit if one i	abide by the rules est upkeep required by t is required before an	oposed improvement. This impablished by the Declaration of Che addition of this improvement construction begins on my protectors to the Board of Directors to the second contractors to the Board of Directors to the Board of Dir	Covenants, Conditions nt. I understand that I operty. I will submit a			
Homeowners Signature:				Date:	Date:			
Printed	d Name:							
person	Please complete	both pages and re	turn this form via em	ation. You may wish to make a ail to <u>board@silvercreek.hoasp</u> ardstown Road, C/O Kentucky I	pace.com			
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	FOR SIL	VER CREEK BOARD	PURPOSES ONLY – P	LEASE DO NOT WRITE BELOW				
				Date Received:				
REVIEV	N BOARD ACTION:	• •	d as submitted	Date Approved:				
		<ul><li>□ Denied</li><li>□ Addition</li></ul>		Date Denied:				
Comm	ents:	□ Addition	ai information requir	ed (see comments below)				
Approv	ver Signature:			Date:				