

ATLANTA COMMUNITY SERVICES, INC.

Neighborhood Name _____

REQUEST FOR MODIFICATION REVIEW

Name _____ Date _____

Address _____ Phone _____

City/State/Zip _____ Email _____

Please provide the Architectural Committee with all the information necessary to evaluate the request thoroughly and quickly. Requests must include, without limitation, the following information: Site plan (including dimensions), color chips (if applicable), detailed description of request, list of specific materials, pictures (if applicable), and any other information as specifically required below or as required by the approved Design Guidelines.

MODIFICATION REQUESTED (Include specific details of material, colors, styles, locations, etc.):

- | | | |
|--|---|--|
| <input type="checkbox"/> DECK/PATIO ADDITION | <input type="checkbox"/> RECREATION EQUIPMENT | <input type="checkbox"/> STRUCTURAL MODIFICATION |
| <input type="checkbox"/> FENCE | <input type="checkbox"/> REPAINTING | <input type="checkbox"/> TREE REMOVAL OR REPLACEMENT |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> ROOF | <input type="checkbox"/> STATUES AND/OR DECORATIONS |
| <input type="checkbox"/> POOL AND/OR SPA | <input type="checkbox"/> OTHER _____ | |

ADDITIONAL DESCRIPTION:

IF PAINTING, PLEASE PROVIDE THE PAINT COLOR MANUFACTURER/COLOR NUMBER/COLOR NAME AS WELL AS PAINT SAMPLES AND INDICATE THE AREAS OF THE HOUSE TO BE PAINTED EACH COLOR.

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

Please allow the maximum time, as noted in your covenants, for review of this application. You will be notified by mail once this modification is approved or disapproved.

I understand and agree that no work outlined in this modification request shall commence until written approval of the Architectural Committee has been received by the property owner. I represent and warrant that the requested modification(s) strictly conform to the Declaration of Covenants, Conditions, Restrictions and Guidelines for the Association. I further understand and agree that as the property owner, I am responsible for complying with all city, county, and state building and zoning regulations. I am responsible for obtaining any permits required to complete this modification request.

The Association Board of Directors, the Architectural Committee nor their respective members, successors, designees or assigns shall be liable for damages or otherwise to anyone requesting approval of an architectural alteration by reason of mistake in judgment, negligence or nonfeasance, arising out of any action with respect to any submissions. The architectural review is directed toward review and approval of site planning, appearance and aesthetics. None of the foregoing assumes any responsibility regarding design or construction, including, without limitation, the structural integrity, mechanical or electrical design, methods of construction, or technical suitability of materials. I hereby release and covenant not to sue all the foregoing from/for any claims or damages regarding this request or the approval or denial thereof.

HOMEOWNER'S SIGNATURE: _____ DATE: _____

Please submit completed form to:

Fax: 770-904-5269 Email: carol@atlantacommunityservices.com Mail: 4485 Tench Road, Suite 2511, Suwanee, GA 30024