

POINTE RETREATS HOMEOWNERS ASSOCIATION, INC.

POST OFFICE BOX 37 - SMITHVILLE, INDIANA 47458

VOICE: (812) 824-3230 - FAX: (812) 824-3240

ARCHITECTURAL CONTROL REQUEST FORM

Name _____ Phone _____

Address _____ Unit _____

Briefly describe the proposed change:

Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change

Electric _____ Telephone _____ Gas _____ Water _____ Sewer _____ TV Cable _____

Exterior Walls _____ Decking _____ Sidewalks _____ Pavement _____ Other _____

Please list the major construction materials which will be used in the project. Please be specific.
Note: Exterior materials must conform to the original building or be sufficiently compatible

If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach copies of:

- A. A plot plan indicating the location and dimensions of the project
- B. Blueprints or working drawings indicating all necessary dimensions and elevations
- C. If available, a photograph or drawing of a similar completed project.

Please list the following project details:

- A. Project to be completed by _____
Note: A copy of contractor's Liability and Work Comp insurance must be included.
- B. Approximate time needed to complete project _____
- C. Building permits required _____

I hereby acknowledge that I have read and understand the Architectural control standards set forth by the Board, as well as the Declaration of Covenants and restrictions. I also acknowledge that this request will be presented to the Board of Directors for consideration.

Homeowner's Signature / Date _____

Approved by _____ Title _____