

**CARDINAL COVE HOMEOWNERS' ASSOCIATION, INC.**

**ARCHITECTURAL REVIEW COMMITTEE**

**HOMEOWNER REQUEST FOR CHANGE**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Community: \_\_\_\_\_ Lot#: \_\_\_\_\_

2. Briefly describe the proposed change (include dimensions) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will there be change or modifications in basic utility services or existing structures to accommodate the proposed change? Please indicate.

	Yes	No		Yes	No
Electric	___	___	Exterior Walls	___	___
Telephone	___	___	Patio Fencing	___	___
Gas	___	___	Patio Slab	___	___
Water	___	___	Sidewalks	___	___
Sewage	___	___	Pavement	___	___
TV Cable	___	___	Other _____		

4. Please list below the major construction materials, which 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).

_____	_____
_____	_____
_____	_____
_____	_____

5. Will any part of the proposed improvement extend beyond your property line?  
Yes \_\_\_ No \_\_\_ If yes, please provide the name and address of the affected Homeowner listed below.

Name \_\_\_\_\_ Address \_\_\_\_\_

6. Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer Easement, Landscape Easement, Landscape Preservation Easement or Lake Easement shown on the plot plan of your lot?  
Yes \_\_\_\_ No \_\_\_\_.
7. If the proposed project is an addition or alternation that would change the structural appearance of your residence, please attach the following information:
- A. Blueprints or working drawings indicating all dimensions and elevations.
  - B. If available, a photograph or drawing of a similar completed project.
  - C. Color swatches/chips of the paint(s) and/or stain(s) to be used.
  - D. If available, a photograph or drawing of a similar completed project.
8. Project schedule:
- A. The work will be performed by:  
  
\_\_\_\_ Homeowner  
\_\_\_\_ Contractor Name: \_\_\_\_\_  
\_\_\_\_ Both
  - B. Please indicate the approximate time needed to complete the project, subsequent to the committee approval \_\_\_\_\_.
  - C. Please indicate any building permits that will be required:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: A PLOT PLAN (SURVEY OF LOT) INDICATING THE LOCATION AND DIMENSIONS OF THE PROPOSED IMPROVEMENT MUST BE INCLUDED FOR ANY ARCHITECTURAL CHANGE REQUEST. THIS REQUEST FORM WILL BE RETURNED TO YOU WITHOUT APPROVAL IF A PLOT PLAN IS NOT INCLUDED.**

\*\*\*\*\*

NOTE: All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records.

I hereby acknowledge that I have read and understand the DECLARATIONS OF COVENANTS AND RESTRICTIONS.

Homeowner's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please complete both pages and return to:

**CARDINAL COVE HOMEOWNERS' ASSOCIATION, INC.**  
**C/O Kirkpatrick Management**  
**P.O. Box 20630**  
**Indianapolis, IN 46220**

**PLEASE DO NOT WRITE ON THIS PAGE**

---

**COMMITTEE ACTION:**

☐ Approved as submitted

☐ Approved with conditions stated in comments

☐ Deferred

☐ Additional information required\_\_\_\_\_

☐ Other\_\_\_\_\_

☐ Denied

Comments:

---

---

---

---

---

---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Cardinal Cove Homeowner' Association, Inc.  
ACC chairman