



ARCHITECTURAL COMMITTEE  
REQUEST FORM

1. Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_ Lot # \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

2. Briefly describe the proposed change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

4. Please list the major construction materials to 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 portion of your proposed project come within fifteen (15) feet of or extend beyond your property line? **Yes / No**. If yes, please provide the name(s) and address of the affected homeowner(s).

6. Will any part of the proposed improvement extend into any Utility, Drainage or Sewer Easement, Landscape Easement, or Pond Easement shown on the plot plan of your lot? **Yes / No**

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

- A) Plot plan indicating the location and dimension of the project.
- B) Blueprints or working drawings indicating all necessary dimensions and elevations.
- C) Color swatches/chips of the paint(s) and/or stain(s) to be used.
- D) If available, a photograph of your home and a photo or drawing of a similarly-completed project would be helpful and may speed the review.

8. Project Schedule:

- A) The project will be constructed/installed by: \_\_\_\_\_ Homeowner  
\_\_\_\_\_ Contractor(s)  
\_\_\_\_\_ Both

Contractor Name/Contact info: \_\_\_\_\_  
Reminder: Contractor signs in yards are prohibited by the restrictive covenants.

- B) When do you plan to start this project? \_\_\_\_\_  
How many days do you expect this project will take? \_\_\_\_\_
- C) Have you/your contractor received any/all required building permits?

**NOTE: A PLOT PLAN INDICATING THE LOCATION AND DIMENSIONS OF THE PROPOSED IMPROVEMENT MUST BE INCLUDED WITH THIS REQUEST. THIS REQUEST FORM WILL BE RETURNED TO YOU WITHOUT APPROVAL IF A PLOT PLAN IS NOT INCLUDED. ALSO, PLEASE INCLUDE ANY ADDITIONAL INFORMATION WHICH WOULD HELP IN REVIEWING THIS REQUEST, SUCH AS PRODUCT BROCHURES, CONTRACT SPECIFICATIONS, ETC.**

NOTE: All submitted materials shall remain the property of the Association. We encourage you to make a copy for your personal records prior to submittal.

Please send this form to: **Sherri Parker**  
**Oak Bend Homeowners Ass'n**  
**1469 Laurel Oak Dr**  
**Avon, IN 46123**  
**(317) 272-0657**  
**jeparker47@peoplepc.com**  
**www.oakbendhoa.org**

**Additional comments:**