

# SGM HOA ARCHITECTURAL CHANGE REQUEST FORM

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

In order for your application to be reviewed, you must submit all required information for your application to be deemed complete. Please note failure to provide this information may cause a delay in the review process. Provide a detailed description below; attach separate pages or plans as necessary:

Project Type

- Fence
- Storage Shed
- Deck/Porch
- Patio

Project Type

- Landscaping
- Tree Removal
- Painting
- Other \_\_\_\_\_

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I understand that this application will be reviewed by the Board of Directors (or its Architectural Committee). I further understand that the Board of Directors (or its Architectural Committee) has the authority to approve, approve with conditions or deny this request and that there is no appeal other than resubmission of a modified request. I further understand that the placement and design of my improvement must meet the architectural guidelines, regardless of my submission or errant approval of such submission. A variance from standards must be noted by the committee in the comments section below. Please note the Board/Committee is allowed up to 30 days to render a decision from the date the complete application is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Official Use Only    Date Received \_\_\_\_\_    Date Reviewed \_\_\_\_\_

ARC Decision ( ) Approved    ( ) Approved with modification as noted

( ) Denied as noted below    ( ) Denied more information needed

Notes:

Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Please submit your application via email to [President@sgmokc.com](mailto:President@sgmokc.com)