

## APPLICATION FOR MODIFICATIONS

**Note: This form must be completed and returned prior to commencing ANY work. Incomplete Forms will be returned. Documentation submitted for review becomes the property of Mill Grove Homeowners' Association.**

NAME:		DATE:	
ADDRESS:		HOME PHONE:	
CITY/STATE/ZIP:		OFFICE PHONE:	

Please provide the ACC with all the information necessary to evaluate your request thoroughly and quickly. Requests must include, without limitation, the following information: site plan (including all dimensions), color chips (if applicable), detailed description of the request, list of materials, pictures, brochures (if applicable), and any other information as specifically required below or as required by the *Community Design Guidelines* for Mill Grove.

Description of Modification Requested (attach separate sheets if necessary):

Estimated Start Date:		Estimated Completion Date:	
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Please refer to the guidelines for required information to be included with this form. Incomplete forms, including missing information will be returned without review.

**I understand and agree that no work on this request shall commence until written approval of the Mill Grove ACC has been received by me.** I represent and warrant that the requested improvements and/or modifications strictly conform to the *Community Design Guidelines* and that these changes shall be made in strict conformance to those guidelines. I understand that I am responsible with all city, county and state regulations.

Permission is hereby granted for members of the ACC and appropriate Mill Grove Homeowners Association representatives to enter the property to make reasonable observation and inspection of the requested modification and completed project.

Mill Grove Homeowners Association, the Association Board of Directors, the ACC nor their respective members, officers, successors, assigns, agents, representatives or employees shall not be liable for damages or otherwise to anyone requesting approval of any action with respect to any submission. 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 of the foregoing from/for any claims or damages regarding this request or the approval or denial thereof.

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

Homeowner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(All owners must sign)

I have discussed this modification with my neighbor(s) if the proposed modification will directly impact them.

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

If Applicable:  
Neighbor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Neighbor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please allow a maximum of 14 days for an improvement or modification review and approval decision.

**FOR ACC USE ONLY:**

Date Received \_\_\_\_\_

Approved  Denied  By (ACC Chair/Date) \_\_\_\_\_

Conditions: <input type="checkbox"/> This approval is valid until _____. If the project has not been completed by then, then the homeowner must resubmit the request.

CONDITIONAL APPROVAL: The Application for Modification will be approved within 15 days after resubmission provided that the following modifications are made. Comments:

Final Inspection Date \_\_\_\_\_

Approved  Rejected\*  By (ACC/Property Manager) \_\_\_\_\_

\* If rejected, please attach separate sheet explaining reason, corrective action required, and completion date.

## NOTIFICATION FORM FOR THE INSTALLATION OF DBS OR MMDS SATELLITE DISH OR ANTENNA

*Note: This form must be completed and returned prior to installation. Installation in a location other than one of the pre-approved locations requires ACC approval. Incomplete Forms will be returned. Documentation submitted for review becomes the property of Mill Grove Homeowners Association.*

Name:		Date:	
Address:		Home Phone:	
City/State/Zip:		Office Phone:	
		Other:	

1. Type of satellite dish or antenna to be installed:
  - DBS satellite dish 1 meter or smaller (e.g. Primestar, Dish network, Direct TV)
  - MMDS antenna (wireless cable) 1 meter or smaller (e.g. WANTV)
2. Installation will include a mast?     NO     YES, total height of system: \_\_\_\_\_ inches.
3. Installation of the satellite dish or antenna will be done by: \_\_\_\_\_
4. Does the location of the satellite dish or antenna comply with the Association's guidelines?
  - YES     NO, I am requesting approval for an alternate location.

Please describe the exact location of the satellite dish or antenna and provide a diagram or drawing of the location. **If the satellite dish or antenna is not to be installed in one of the pre-approved locations, you must provide specific, written documentation as to why the pre-approved location is not acceptable and obtain ACC approval of the proposed alternate location.**

Description of Installation Location (use other side if necessary):			
Estimated Start Date:		Completion Date:	

I acknowledge that I have read, understand and have complied or will comply at all times with the Association’s current guidelines with respect to the installation of satellite dishes or antennas.

Homeowner’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner’s Signature \_\_\_\_\_ Date \_\_\_\_\_

(All owners must sign)

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**FOR ACC USE ONLY:**

Date Received \_\_\_\_\_

Meets Guidelines       Deviation Approved       Deviation Denied

By (ACC Chair/Date) \_\_\_\_\_