COUNTRYSIDE AT CUMBERLAND CONDO

A R CHITECTURAL C ONTROL C OMMITTEE

REQUESTFORCHANGE

Homeowner(s) Name(s)	
Address:	Date:
	Phone:
Lot No	
Contractor Name:	
Address:	Phone:
Description of Improvement Proposed:	
(Use reverse side of more room is needed for a All submittals must be accompanied with the for	
(1) Architectural drawing an(2) Description of materials	nd/or pictures;
Proposed Start date: Prop	oosed Completion Date:
NOTE : Remember to allow a minimum of thirty days after complete request package to: Countryside at Cumberlan Sharper Image Management Consultants, Inc, P.O. Box	nd Architectural Control Committee, c/o Jul Perez,
IMPORTANT NOTICE: For your protection, inquire with requirements before starting any work on your property modifications or additions.	
APPROVAL OF ANY STRUCTURE BY THE ACC IS IN NO N STRUCTURE HAS BEEN BUILT IN ACCORDANCE WITH A THAT THE STRUCTURE COMPLIES WITH SOUND BUILDI Description of Improvement Proposed (continu	NY GOVERNMENTAL RULE OR NG PRACTICE OR DESIGN.

Neither Declarant, the Association, the ACC, the Board, nor the Officers, Directors, Members, Employees, and agents of any of them shall be liable in damages to anyone submitting plans and specifications to any of them for approval or to any owner of property affected by the Declaration by reason of mistake in judgment, negligence, or nonfeasance arising out of or in connection with the approval or disapproval or failure to approve or disapprove any such plans or specifications; nor shall any of them assume liability or responsibility for any defect in any structure constructed from any such plans and specifications.

Homeowner's Signature	Homeowner's Signature	Homeowner's Signature	
Print Name	Print Name		
Date	Date		
Date Received:	Reviewed By:		
Opinion: Property Evaluation Date:	 () Approved As Presented () Approved With Conditions () Rejected 		