

The Point @ Kirk Farms

Owner Application for Architectural Review

Date _____

Owner's Name _____

Address _____

Telephone # _____

Location of Improvement _____

In accordance with Article IX of the Declaration of Covenants, Conditions, and Restrictions for The Pointe at Kirk Farms and the Design Guidelines, application is hereby made for review and approval of the following described improvements:
(Provide brief description)

In support of this application the following required items are submitted. (See Section II(C) of the Design Guidelines)

A. Two sets of Plans. The plans will show the following (where applicable): site plan, floor plan, exterior elevations, roof design, exterior materials and finishes, landscaping plan, and such other items as may be needed to reflect the character and dimensions of the improvements.

B. Summary. Written statement summarizing setback, height, and square footage of proposed construction, how these numbers compare with the requirements, and whether any variance requests are made.

C. Timeline. Date of completion and any major milestone dates including project start date.

If the application is incomplete, the reviewer will notify the applicant as to the needed documents and the application will not be further considered until receipt of these materials.

It is hereby understood and agreed that approval of this application by a reviewer does not constitute approval as to compliance with applicable Georgia law or Cobb County ordinances.

Signature of Owner(s):_____

Submit Applications to:

The President

The Pointe at Kirk Farms Homeowners Association, Inc.

Current Officers are listed along with all guidelines @ www.kirkpointe.com

Review Date _____

Reviewer(s) _____

Action By Reviewer: Full Approval Conditional Approval Unapproved

Receipt of Request & initial response by _____

Conditions of Approval

This form if not marked as “Conditional” is not fully approved until all the actions, requirements or changes written above are completed within timeline agreed to and requires final approval and signature by the Board to be fully complete.

Final Reviewer: _____

Final Completion Approval:_____ Date: _____