## TILGHMAN HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL CHANGE REQUEST

Project (Ci	rcle one):	Shed	Deck	Fence	Other
Name:				P	Property Address:
Owners Ho	ome Addre	ess (if diff	erent):		
City, State,	Zip:				
Home Pho	ne:				Work Phone:
proposed in location and decision. Use notified the Comminity or clareviewed for after the 15 your reques	mprovement day other day other day other day other day of the review of a provation of the day of t	nts, alterar pertiner erse of the decassuming ay arise fill in a specewed the ate on the	tions or characteristic form to security of the cany response from the characteristic month, following metals and the characteristic month,	anges to you on needed be ketch the part of the Committe asibility for the side of the control o	ANGE OR ALTERATION. Please outline, in detail, all ar property. Include color(s), size(s), specifications, materials, by the Architectural Change Committee in order to make a roposed alteration as it will appear when completed. You will be within sixty (60) days of receipt. By approving this request, the safety, construction, operation, maintenance, accident, of this improvement. If you would like your application to be submitted by the 15 <sup>th</sup> of that month. Applications received a must submit a copy of the plat of your property with the improvement will be located. NOTE: Any attached
Estimated :	Beginning	Date:		Proje	ected Completion Date:
and/or to of the terms a long as I or either myso better cond Members, I	observe all and conditi wn any por elf or my co litions(s). Board of I	local zon ons special ction of the ontractor, I agree to Directors a	ing ordinan fied in the lo te property. I agree to l hold harml and Managin	ces. If appretter of appretter of appropriate responsible ess the Tilging Agency,	onsibility to obtain any and all Building Permits, Variances, roved by the Committee, I agree to make the changes under roval. I agree to maintain all improvements, at my expense, as tion of the Association property is disturbed or damaged by ole for and to restore the common elements to original or hman Homeowners Association., Inc. including its Committee from any and all liability as a result of this requesting change.
Kemember	to call MI	55 U I ILI	I Y at least	Forty Eign	t (48) hours before you dig call 800.257.7777
Signature o	of Applican	ıt:			Date:
ACC USE	ONLY: _			• • • • • • • • • • • • • • • • • • • •	DATE RECEIVED:
Your reque	est for the	above cha	nge, addition approved approved ac	on or impro	vement has been: the conditions on attached letter
Approval/	Denial Da	te:			_ By:
Mail to:	c/o Je Attn: P.O B	fferson Pro Architectu	ral Committ	gement, Inc.	