

Kingswood Architecture Action Request Form

Date	
Homeowners name	
Street address	
Phone	

WORK TO BE PERFORMED

- | | | | | |
|---|---------------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Painting | <input type="checkbox"/> Patio / Deck | <input type="checkbox"/> Elevation Modifications | <input type="checkbox"/> Garage Door |
| <input type="checkbox"/> Front Door | <input type="checkbox"/> Storm Door | <input type="checkbox"/> Windows | <input type="checkbox"/> Landscaping Walls | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Pool | <input type="checkbox"/> Dish / Antenna | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Basketball Net | <input type="checkbox"/> Other | | | |

Provide description of proposed activity. Include an estimated time table for work to be performed:

- Will work be done by property owner? Y N
 Will work be done by consultant/contractor? Y N

If yes, provide name, address, and phone number of consultant/contractor:

Name	
Address	
Phone	

All work shall comply with the Declaration of Covenants, Conditions, Restrictions and Easements for Kingswood Single Family Home Subdivision, Architectural Controls (Article IV) and approved in writing by the Kingswood Homeowners Association (KHOA) prior to any architecture modification(s). The Declaration is available from the [KHOA website](http://www.khoa.org): www.khoa.org. The property owner is responsible for providing The Declaration to persons performing any work described above. *Unauthorized activity may be required to be corrected at the property owners expense in order to comply with The Declaration.*

- I agree I disagree with the above statement

Homeowner signature: _____

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KHOA	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Signature:	Date:		
Printed name and Title:			