



**ARCHITECTURAL CONTROL COMMITTEE  
HOMEOWNER REQUEST FOR CHANGE**

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Briefly describe the proposed change: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change? Please indicate:

	Yes	No		Yes	No
Electric	_____	_____	Exterior Walls	_____	_____
Telephone	_____	_____	Patio Fencing	_____	_____
Gas	_____	_____	Patio Slab	_____	_____
Water	_____	_____	Sidewalks	_____	_____
Sewage	_____	_____	Pavements	_____	_____
TV/Cable	_____	_____	Other (Specify) _____		

List below the major construction materials which will be used in this project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer Easement, Landscape Easement, Landscape Preservation Easement or Lake Easement shown on the plot plan of your lot? If so, do you have the approval of any immediate neighbors whose view would be altered by your proposed improvement? Yes\_\_ No \_\_

Names/Address of Neighbors:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information:

- \_\_\_ Plot plan indicating the location and dimension of the project.
- \_\_\_ Blueprints or working drawings indicating all necessary dimensions and elevations
- \_\_\_ Color swatch/chip of the paint(s) or stain(s) to be used.
- \_\_\_ Photograph or drawing of a similar completed project.



**PLEASE DO NOT WRITE ON THIS PAGE**

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Project Reference: \_\_\_\_\_

Project approved/disapproved by the Weaver Woods North Architectural Control Committee:

\_\_\_\_\_ Date: \_\_\_\_\_  
Chairman

\_\_\_\_\_  
Print Name

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreed to and approved/disapproved by the Weaver Woods North Board of Directors

\_\_\_\_\_ Date: \_\_\_\_\_  
President or Vice President (if President is not available)

\_\_\_\_\_  
Print Name

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project completed in accordance with ACC Request approved by Woods North Architectural Control Committee:  
Yes\_\_ No \_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Chairman

\_\_\_\_\_  
Print Name

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_