

CAMBRIDGE ACC REVIEW FORM

How Can We Contact You?

Please Print

Name _____ Phone _____
Address _____ Fax _____
Lot Number _____ Email _____

Tell Us About Your Project

I am requesting architectural approval for the following (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Basketball Goal | <input type="checkbox"/> Deck/Patio | <input type="checkbox"/> Fence | <input type="checkbox"/> Flag Pole |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Play Set | <input type="checkbox"/> Room Addition |
| <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Screened Porch | <input type="checkbox"/> Shade Trellis | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Other (describe): _____ | | | |

Briefly Describe The Proposed Change _____

Location: _____

Dimensions: _____

Would any part of the proposed change extend into any Utility, Drainage, or Sewer Easement, Landscape Easement, or Lake Easement shown on the plot plan for your lot? Yes No

Please List Below The Major Construction Materials That Will Be Used

Be as specific as possible: _____

Please Note:

- Exterior materials must conform to or be sufficiently compatible with the original construction.
- Requests for exterior color/materials changes MUST include samples of color, stain, paint, brick, etc.
- All submitted materials will be retained by the Association. You may wish to make a copy for your personal records prior to submitting this form.

Submittal Checklist

For ALL submissions, the following items are required. In order to provide a quick response to you, please make sure to submit all of the items.

- Architectural Review Form (this form).
- Plot Plan for your lot. The builder at closing furnished you with a plot plan for your lot. On a copy, please draw the proposed changes in the location where they will be built.
- Elevations and blueprints or working drawings indicating all dimensions.
- If available, a photograph or drawing of a similar completed project.

What Is Your Schedule For The Project?

Project schedule:

A. The project will be done by: Homeowner _____

Contractor (Name) _____

Both _____

Approximate time needed to complete project, after committee approval? _____

Anticipated project start date _____ End date _____

Are there any building permits required? _____ If yes, please include them with your submission.

Neighbor Approval

By signing below the adjacent neighbors indicate their approval of the request (please print name):

1. _____ 2. _____

Address _____ Address _____

Signature of Neighbor _____ Signature _____

The approval is conditional upon the homeowner fully complying with the description of his/her request as well as the plans or sketches submitted with this request.

Sign Here

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the Architectural Control Committee and in the Declaration of Covenants, Conditions, Easements, and Restrictions.

Homeowner's Signature: _____ Date: _____

Send Your Complete Application to: Cambridge Property Owners Assn., Inc.

5702 Kirkpatrick Way

Indianapolis, IN 46220

Fax: **317-558-5355**

Email: dstout@ekirkpatrick.com

For Office Use Only

Date initial application was received: _____ Complete? Yes No

Date complete application was received: _____

First request for additional information: _____ Submitted on: _____

Second request for additional information: _____ Submitted on: _____

Modification Committee Action

Approved as submitted.

Approved with conditions as follows: _____

Disapproved. MC Comments: _____

Date: _____