

**Request for Approval of Exterior Alterations to Home or Land Areas Association:** \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Mailing Address (if different from above): \_\_\_\_\_

TYPE OF ALTERATION (check applicable box):

Deck/Patio  Painting/Trim  Windows  Doors  Landscaping  Other

Please Explain: \_\_\_\_\_

Scope of alteration: Please explain in detail what you are requesting permission to do. Include approximate dimensions, if appropriate. If you are requesting a paint color, please list your first, second, and third choice. (Add an additional page, if necessary and please include any paint samples, material samples i.e. brick, stone, shingles, literature and catalog clips).

Location of Alteration (Circle which applies): front rear side other

Explain Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Materials to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effects on existing area (Please explain if anything that already exists will be changed or altered): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Date to Begin: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

How does this alteration affect your neighbors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR PLOT PLAN SHOWING ALL EXISTING ELEMENTS, INCLUDING SHRUBS AND PORCHES IN SOLID LINES AND THE PROPOSED ALTERATIONS IN DOTTED LINES. INCLUDE THE FIRST THREE FEET OF EACH OF YOUR NEIGHBOR'S LOTS AND YARD. SHOW DISTANCE FROM NEAREST EXISTING ELEMENTS TO PROPOSED ADDITIONS OR ALTERATIONS.**

**I HAVE ATTACHED THE PLOT PLAN SHOWING PROPERTY LINES, EASEMENT, EXISTING ELEMENTS, DIMENSIONS OF PROPOSED ALTERATION(S), AND DISTANCES BETWEEN EXISTING ELEMENTS AND PROPOSED ALTERATION(S).**



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**Signatures of your nearest neighbors to the right, left, rear, or otherwise abutting your home to signify they have no objections to this alteration.**

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**Neighbor 1:** \_\_\_\_\_

Address: \_\_\_\_\_

**Neighbor 2:** \_\_\_\_\_

Address: \_\_\_\_\_

**Neighbor 3:** \_\_\_\_\_

Address: \_\_\_\_\_

**Neighbor 4:** \_\_\_\_\_

Address: \_\_\_\_\_

If you are unable to obtain neighbors signatures, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your request requires Board Approval. Please return this completed form to Angela Kay at [AKAY@STEVENSONWILLIAMSCO.COM](mailto:AKAY@STEVENSONWILLIAMSCO.COM) or mail to the address on page one. All requests will be submitted to the Board at the next scheduled Board meeting unless prior procedures have been implemented. You will receive written notice as to the determination.**

**No work may begin until you receive a written determination.**

**THE HOMEOWNER IS RESPONSIBLE TO FOLLOW ALL LOCAL CODES OF THE MUNICIPALITY.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Management Use Only**

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Preliminary Approval: \_\_\_\_\_ Preliminary Denial: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Final Denial: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_