(HOA NAME REQUIRED)

Architectural Control Committee Request for Home & Lot improvements

RETURN REQUEST FORM AND REQUIRED MATERIALS TO:	
ATTN: ACC	
PO Box 87234	
Baton Rouge, LA 70879	
Fax: 225-286-7546	
Email: info@magnoliabr.com	

A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL REQUESTS REGARDLESS OF THE TYPE.

OT NUMBER: EMA	IL ADDRESS:					
ONTACT NUMBER: (CELL) (WORK) (HOME)						
ease indicate and fully describ	e the improvement(s) which you p	propose (check all that apply)				
Structure Addition (attached)	Structure Addition (non attached)	Fence or Wall				
Windows	Exterior Doors	Exterior Railings				
Garage Door	Porch or Deck	Bulkhead				
Mailbox	Satellite Dish	Awning				
Hardscape (sidewalk, pathways)	Roof or Shingles	Gutter				
Landscape	Exterior Painting	Pool or Spa				
Other						

A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL REQUESTS REGARDLESS OF THE TYPE.
Attach a drawing showing location of improvement(s) which you propose, backyard, side-yard, etc. Be specific, showing to scale the property line, building set back lines, easements, fences, sidewalks, patios pools, and neighboring lots and/or streets.
Please provide a description of materials and identify the specific colors you will use with manufacturer numbers, even if it is the same that exists now. Include specific measurements of materials. For Example: Fence Board: Slats 1 " x 4 " x 6 "

If you are painting or staining, you MUST particular consideration to the color of the	include paint/stain sample and brand/manufacturer. Please give brick when making your paint selection.
	brick when making your paint selection.
particular consideration to the color of the	brick when making your paint selection. Siding Color:
particular consideration to the color of the Brick Color:	brick when making your paint selection. Siding Color: Front Door Color:
particular consideration to the color of the Brick Color: Shutter Color:	brick when making your paint selection. Siding Color: Front Door Color: Garage Door Color:
particular consideration to the color of the Brick Color: Shutter Color: Trim Color: Shingle Type:	brick when making your paint selection. Siding Color: Front Door Color: Garage Door Color:
particular consideration to the color of the Brick Color: Shutter Color: Trim Color: Shingle Type:	brick when making your paint selection. Siding Color: Front Door Color: Garage Door Color: Shingle Color:
particular consideration to the color of the Brick Color: Shutter Color: Trim Color: Shingle Type: Other Material:	brick when making your paint selection. Siding Color: Front Door Color: Garage Door Color: Shingle Color:
particular consideration to the color of the Brick Color: Shutter Color: Trim Color: Shingle Type: Other Material: Who will work on this improvement?	brick when making your paint selection. Siding Color: Front Door Color: Garage Door Color: Shingle Color:

A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL REQUESTS REGARDLESS OF THE TYPE.

I (we), the applicant(s) herein, certify and represent as follows:

- 1. I (we) are the legal owner(s) of the above described property.
- 2. The work, if approved, will be done promptly and properly by appropriately licensed contractors if necessary.
- 3. I (we) accept and acknowledge that the responsibility for maintaining, upkeeping, etc. of the improvement/change shall solely be mine (ours), successors, assigns and subsequent property owners.
- 4. All work and the consequences thereof are solely at our risk and expense. We understand and hold the association, board of directors, and Magnolia Management harmless on account of any consequences resulting from this approval, if granted.
- 5. Certain changes may affect the site plan, final survey or Certificate of Occupancy at my (our) unit and the Consequences thereof are solely at my (our) risk.
- 6. No representation by the association, board of directors, or Pelican Management, either expressed or implied, is assumed hereby.
- 7. I(we) will obtain all necessary permits from the parish, city, and/or state government office as required by law.

I(we) have read and agree to all of the conditions listed above, and I(we) agree to abide by the decision of the architectural control committee.

Signature:			Date:		
For ACC use only					
Date Received:		Receiving Member's Name:			
Approved	Approved	Denied	Conditionally Approved		
ACC Signature	es:				
			Date:		
			Date:		
			Date:		
Comments or o	contingencies from	ACC:			