



Architectural Modification Application – Change Request

Summit Gardens is a unique residential neighborhood with an outstanding reputation for its pristine landscaping, architectural beauty, and high maintenance standards. The mission of this application is to assure that all residences continue to adhere to the highest standards of conformity as reflected in the community documents. Modification refers to physical architectural changes such as, but not limited to, building expansion, plantings, fence additions, shutter change, pool installation and satellite dish placement.

1. Name _____ Phone: _____ ☐ C ☐ H ☐ W
Address _____ Homesite/Lot# _____
2. Briefly describe the proposed change: _____

3. Please list below the major construction materials that 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 with the building and/or community).

4. If the proposed project is an addition or alteration that would change the structural appearance of your lot or home, including satellite dishes, **you are REQUIRED to attached the following information:** *plot plan* indicating the location and dimensions of the project and/or *blueprints, plans or working drawings* indicating all necessary dimensions/elevations. If available, *a photograph, brochure or drawing* of a similar completed project. If this is missing, it may delay the approval process. have you attached the following information (if applicable):
Have you attached these drawings ☐ Yes ☐ No
5. Project Schedule:
 - a. The project will be completed by: ☐ Homeowner ☐ Contractor ☐ Both
 - b. Anticipated start date: _____ with an end date of: _____
 - c. Approximate time needed to complete project after Board approval? _____
6. Have you received any building permits that may be necessary for your project? ☐ Yes ☐ No ☐ N/A
7. All landscape changes need drawings for approval. Are these attached? ☐ Yes ☐ No ☐ N/A
8. If you have irrigation, you are aware that it is your responsibility to have these marked and that any damage done to the irrigation is your responsibility to pay for and repair? ☐ Yes ☐ No ☐ N/A

9. Have you read all covenants, conditions, and restrictions regarding this modification to ensure you are compliant with Summit Gardens CCR's and amendments? ☐ Yes ☐ No
10. You understand that applications will not be processed for any Home Owner who is in arrears for any dues or fees owed to Summit Gardens? ☐ Yes ☐ No
11. Some projects **may** require the signatures of several adjacent neighbors. Their signatures indicate their awareness of your proposed plans, but not necessarily their approval. Please contact Mulloy Properties at (502) 498-2420 for clarification. **For most projects, this is not necessary.**

Signature: _____ Address: _____

Signature: _____ Address: _____

I hereby acknowledge that I understand the rules concerning the proposed improvement. This improvement in no way encroaches on a neighbor's property. I agree to abide by the rules established by the Declaration of Covenants, Conditions and Restrictions and will be solely liable for any upkeep required by the addition of this improvement. I understand that I am to contact the city to obtain a permit if one is required before any construction begins on my property. I will submit a drawing with the proposed location of the Architectural Improvement for the Architectural Review Committee to review. I also understand that if improvements are not completed within 6 months of the approval, such approval will be deemed to have expired and plans must be resubmitted.

Homeowners sign here: _____ Date _____

NOTE: All submitted materials shall remain the property of the association. You may wish to make a copy for your personal records.

Please complete both pages and return this form via email to jtharp@mulloyproperties.com You may also mail this to Mulloy Properties - Attn: Jennifer Tharp, P.O. Box 436989, Louisville, KY 40253

FOR MANAGEMENT PURPOSES ONLY – PLEASE DO NOT WRITE BELOW

DATE RECEIVED

APPROVED/DENIED

REVIEW BOARD ACTION: ☐ Additional Information required (see comments below)

Comments: _____

Manager Signature: _____ Date: _____