

ARCHITECTURAL REQUEST FOR CHANGE

Old Heritage 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, deck expansion, landscape plantings, fence additions, and satellite dish placement.

1.	Name	Phone:		\square C \square H \square W
	Address			
2.	Briefly describe the proposed change:			
3.	as specific as possible.			
4.	If the proposed project is an addition or alteration thome, have you attached the following information.			earance of your lot or
	Yes No - Plot plan indicating the location a Yes No - Blueprints, plans, or working draw Yes No - If available, a photograph, brochu	wings indicatir	ng all necessary dimer	nsions and elevations.
5.	Project Schedule: a. The project will be com	pleted by:	☐ Homeowner ☐	Contractor Both
	b. Anticipated start date:	with	an end date of:	
	c. Approximate time needed to complete pr	oject after Bo	ard approval?	· · · · · · · · · · · · · · · · · · ·

6.	Will you obtain any building permits that may be necessary before work commences 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, done to the irrigation	hese marked and that any damage Yes No N/A Revised 10/6/2021				
9.	. Have you read the Master Deed, Bylaws, Rules and Restrictions, and amen compliant regarding this modification?			ndments to ensure you are		
10.	 You understand that applications will not be processed for any Homeowner wh fees owed. 			er who is in arrears for any dues or Yes No		
11. Some projects may require the signatures of several adjacent neighbors. Their signatures indica awareness of your proposed plans, but not necessarily their approval. Please contact Mulloy Pr (502) 498-2409 for clarification. For most projects, this is not necessary.						
	Signature:		Address:			
	Signature:		Address:			
	ors to review. owners Signature			Date		
	All submitted material	ls shall remain the proper	ty of the association. You r	nay wish to make a copy for your		
Ple	ase complete both page	es and return this form via	n email to <u>cwilkinson@mul</u>	loyproperties.com		
Yo	ou may also mail this to	Mulloy Properties - Attr	: Christie Wilkinson, P.O.	Box 436989, Louisville, KY 40253		
	FOR MANAG	EMENT PURPOSES C	NLY – PLEASE DO NO	OT WRITE BELOW		
REVIE'	W BOARD ACTION:	Approved as sub	omitted	DATE Approved:		
		☐ Denied				
]	DATE Denied:		

Approved with Conditions (see comments below)

Comments:				
Manager Signat	ure:			

Revised 10/6/2021