



Architectural Modification Request Form

Name: _____ Date: _____

Address: _____ Date Received: _____

Phone: _____ E-Mail: _____

All Architectural Modification Requests must be approved **BEFORE** any work can be started. Make your request clear and concise. Be sure to include a description of materials to be used, dimensions, a drawing of the proposed project, and contractor to be used (if applicable). Fill out both sheets and return Association Management Group, Inc. Approval of your request grants permission to Association Management Advisory Group, Inc., to make a reasonable inspection of project in process and completed modifications.

Neither the Board, the Architectural Review Committee, nor the management company shall bear any responsibility for ensuring the design, quality, structural integrity or soundness of the approved construction or modification, nor for ensuring compliance with building codes, zoning regulations and other conditions that may be required by local governing agencies. Association Management Advisory Group, Inc., and its agents shall not be held liable for any injury, damages or losses arising out of the manner, design or quality of any approved construction or modification.

If you wish to expedite this request, please send a \$25.00 check to AMAG with your request. Some communities do not allow for expedited requests. You may call our office, 678-407-1115 to inquire. Requesting rush processing does not reduce the amount of time your Association is allowed for review as outlined in the Covenants, Conditions and Restrictions documents of your Association.

Return this completed form to **Association Management Advisory Group, Inc., 2000 Riverside Parkway, Suite 102, Lawrenceville, Georgia 30043**. Your request will reviewed and you will be sent a written response within thirty (30) days. If more information on the request is needed, Association Management Advisory Group, Inc. will contact you.

I have read and agree to the above: _____
(Signature of Homeowner)

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Name: _____ Community: _____

Address: _____ Phone: _____

Architectural Modification Request: Approved Denied

Conditions or Stipulations:

Association Management Advisory Group, Inc. Representative: _____ Date: _____

Projected Start Date: _____ Projected Finish Date: _____

Attachments: (check appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Drawing or picture |
| <input type="checkbox"/> Listing of materials to be used (type, grade, color chart, etc.) | <input type="checkbox"/> Copy of building permits |
| <input type="checkbox"/> Proof of compliance with any local zoning regulations | <input type="checkbox"/> Other _____ |

Is the change structural? YES NO Is the change cosmetic? YES NO

Give a brief description as to the nature and location of requested modification.

Work to be completed by: Homeowner Contractor

Name of contractor: _____
Address: _____
City: _____ Zip _____
Phone: _____
e-mail: _____