

**ARCHITECTURAL CONTROL
COMMITTEE**

**REQUEST FORM FOR HOME
& LOT IMPROVEMENTS**

RETURN REQUEST FORM TO:

ATTN: ACC
Jones Creek Owners Association
P. O. Box 1418
Evans, Georgia 30809
Email:trippnanney@bellsouth.net

OWNER'S NAME: _____

TENANT'S NAME (if applicable): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBERS:

Home: _____ Work: _____ Fax: _____

Please indicate and fully describe the improvement(s) which you propose.

- | | | | | |
|---------------------------------|--|-----------------------------------|---|---|
| <input type="checkbox"/> Paint | <input type="checkbox"/> Roof | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Gazebo | <input type="checkbox"/> Storage
Shed | <input type="checkbox"/> Fence | <input type="checkbox"/> Basketball
Goal | <input type="checkbox"/> Room
Addition |
| <input type="checkbox"/> Other: | _____ | | | |

Describe improvement which you marked above in more detail:

Attach drawing showing location of improvement(s) which you propose, backyard, sideyard, etc. Be specific, showing to scale the property lines, building set back lines, easements, fences, sidewalks, patios, pools. **A PLAT OR SURVEY IS REQUIRED FOR ANY NEW CONSTRUCTION** and is strongly recommended for all other improvements.

Materials planned for the improvement you propose.

- | | | | | |
|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Lumber | <input type="checkbox"/> Brick | <input type="checkbox"/> Screen | <input type="checkbox"/> Fence | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Other: | _____ | | | |

Describe Type(s) Marked Above:

If you are painting or staining - YOU MUST include paint/stain sample and brand/manufacturer. Please give particular consideration to the color of the brick when making your paint selection.

Brick Color: _____ Siding Color: _____

Shutter Color: _____ Front Door Color: _____

Trim Color: _____ Garage Door Color: _____

Dimensions of Planned Improvement: Width: _____ Height: _____ Length: _____

Who will work on this improvement?

Homeowner Contractor - List name and phone #: _____

Start Date: _____ Completion Date: _____

For any room additions and storage buildings, you must obtain a construction permit from the City and/or County within thirty (30) days of the date of approval by the Architectural Control Committee.

IN AN EFFORT TO PROVIDE AND PROTECT EACH INDIVIDUAL HOMEOWNER'S RIGHTS AND VALUES, IT IS REQUIRED THAT ANY HOMEOWNER OR GROUP OF HOMEOWNERS CONSIDERING IMPROVEMENT (EXAMPLES: EXTERIOR PAINT, PATIO COVERS, FENCES, SIDEWALKS, DECKS, ETC.) ON THEIR DEEDED PROPERTY OTHER THAN LANDSCAPING, SUBMIT A REQUEST FOR HOME IMPROVEMENT APPROVAL TO THE ARCHITECTURAL CONTROL COMMITTEE FOR APPROVAL BY THE HOMEOWNERS ASSOCIATION PRIOR TO INITIATING WORK ON PLANNED IMPROVEMENTS. IF ANY CHANGE IS MADE THAT HAS NOT BEEN APPROVED, THE COMMITTEE HAS THE RIGHT TO ASK THE HOMEOWNER TO REMOVE THE IMPROVEMENT FROM HIS PROPERTY. I UNDERSTAND THAT THE ASSOCIATION ARCHITECTURAL CONTROL COMMITTEE WILL ACT ON THIS REQUEST AS QUICKLY AS POSSIBLE AND CONTACT ME IN WRITING REGARDING THEIR DECISIONS. I AGREE NOT TO BEGIN PROPERTY IMPROVEMENT(S) UNTIL THE ARCHITECTURAL CONTROL COMMITTEE NOTIFIES ME OF THEIR APPROVAL.

Signature of Homeowner: _____ Date: _____

For ACC use only: Approved Denied Conditionally Approved

ACC signatures:

Comments or contingencies from ACC: