

# Sever Woods Homeowners Association, Inc.

## ARCHITECTURAL REVIEW COMMITTEE (“ARC”) REQUEST FOR MODIFICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Property Address:  
\_\_\_\_\_

Best Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Modification Requested (Include specific details of material, colors, styles, locations, etc.):

<input type="checkbox"/> Repainting	<input type="checkbox"/> Roof	<input type="checkbox"/> Tree removal or replacement
<input type="checkbox"/> Deck/patio addition	<input type="checkbox"/> Fence	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Statues and/or decorations	<input type="checkbox"/> New door/storm door	<input type="checkbox"/> Structural Modification
<input type="checkbox"/> Pool and/or spa	<input type="checkbox"/> Exterior Lighting	<input type="checkbox"/> Other _____

Please provide us with all the information necessary to evaluate the request quickly. Requests must include the plans and specifications showing the nature, kind, shape, height, materials and location, as applicable. Requests for repainting should be accompanied by a color chip(s) indicating the brand and name of the requested color(s).

Additional Description:  
\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Under our Declaration of Protective Covenants, the ARC has **sixty (60) days** to approve or disapprove this request. You will be notified by mail or e-mail.

**I understand and agree that no work requested shall commence until written approval of the ARC has been received by the property owner.** I further understand that I am responsible for complying with all city, county, and state building and zoning regulations. I am responsible for obtaining any permits required to complete this modification request.

I agree that the ARC may notify or solicit input from my adjacent property owners. An adjacent neighbor's approval or disapproval, if solicited, will be considered in the review, but will not be binding upon the ARC.

**All approvals are valid for one hundred and eighty days (180) only.  
If an approved modification is not completed within 180 days, then the request must be resubmitted.**

Homeowners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed form may be placed in the HOA drop box, e-mailed to [arc@severwoods.com](mailto:arc@severwoods.com),  
or mailed to: 1481 Sever Rd., Lawrenceville, GA 30043.

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FOR ARC USE ONLY:

DATE RECEIVED: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

APPROVED     NOT APPROVED     CONDITIONS    APPROVED BY: \_\_\_\_\_

CONDITIONS, COMMENTS OR ADDITIONAL INSTRUCTIONS:

Adopted 03/2011  
Last revised 05/04/2011