Woods Edge Section One

Architectural Control Committee (ACC)
Approval Application Form

MUST BE COMPLETED IN FULL

There are 2 pages

Only 1 Project per form or will be rejected

Basic Project Description:

LOT#: ___

Save and Submit completed form and

backup to: woodsedgeestates1@gmail.com

| Property Owner Information | | |
|------------------------------------|-------------------|----------------------------|
| First Name: | Last Name: _ | Contact Phone: |
| Email address: | | Text Friendly? |
| Physical Street Address: | | |
| Mailing Address (if different): | | |
| City, State Zip Code: | | |
| Is Property Owner Current Reside | ent? | |
| If no, Current Resident Informa | tion | |
| First Name: | Last Name: _ | Contact Phone: |
| Email address: | | Text Friendly? |
| Mailing Address (if different from | property address) |): |
| City, State Zip Code: | | |
| Will a contractor be used? | | |
| If yes, Contractor Information | | |
| Contractor Name: | | Contact Phone: |
| Email address: | | |
| Mailing Address: | | |
| City, State Zip Code: | | |
| | | Estimated Completion Date: |
| To be filled out by Woods Edge | Secretary | |
| Date Received by Secretary: | | Date submitted to ACC: |
| To be filled out by ACC | | |
| - | | Date decision adopted: |
| , <u> </u> | | <u> </u> |
| APPROVED | | REJECTED |
| | | |
| If rejected reason: | | |
| | | |
| | | |
| | | |

The second page of this form must be completed as well. Please also use it as a check list for all required backup. The committee will not consider incomplete forms or submissions with insufficient backup. These applications will be rejected, and a new one must be submitted with required documents and/or anything else required by the committee.

| The following must be filled out and included with this form or the application will be summarily rejected pending new application with proper backup. <u>Continue on separate sheet if needed for any fields.</u> |
|---|
| Description of the modification or structure. Please be as detailed as possible. |
| |
| |
| |
| Purpose of modification or structure |
| Talpose of mounication of structure |
| |
| |
| Material(s) (concrete, wood, metal, plastic, brick, etc) |
| Primary color(s) |
| Secondary color(s) |
| decondary color(s) |
| Dimensions of the proposed modification or structure |
| Distance of the proposed modification or structure from the primary residence (when not primary residence construction) |
| Distance of the proposed modification or structure from the boundary lines of the lot |
| Elevation of the proposed modification or structure (include elevation drawings for new homes and constructed structures) |
| Attach a plot plan showing proposed modification or structure including its exact location on the property |
| Check the following items if included (not mandatory but highly recommended) |
| Detailed Plans |
| Specifications |
| Drawings |
| Photographs of the property |
| Photographs of the product being installed |
| Other documents (specify): |
| |
| Save and submit committed forms along with head we to the Continuous Continuous to the description of the Continuous Continuous to the description of the Continuous |
| Save and submit completed form along with backup to the Section One Secretary at woodsedgeestates1@gmail.com |