

SUMMERCHASE
"A DESIGN STANDARDS COMMUNITY"
MODIFICATION APPROVAL FORM

(FORM REVISED 11-2010)

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Estimated Start Date: _____ Estimated End Date: _____

MODIFICATION(S) REQUESTED

A. FENCES* (attach additional Fencing form)
(Specify materials, style, & sketch on plat)

B. LANDSCAPING
(Specify ID & sketch)

C. POOLS & SPAS
(Professional Plans – 2 sets)

D. RECREATION EQUIPMENT
(Manuf. & location and Picture)

E. SCREENING
(Specify mat., style & include elevations)

F. STRUCTURE ADDITION/
MODIFICATION
(Plans – 2 sets)

G. REPAINTING *(Swatches are required;
A 4' x 4' sample of your color(s) choices must
be painted on the house for review). Please
complete Paint Color Supplement Form.*

H. ROOF (actual sample)
Manuf. _____ Type _____
Color _____

I. TREE REMOVAL
(Sketch or pictures and tree replacement)

J. OTHER
(Appropriate Description)

MODIFICATION(S) DESCRIPTION

Attach additional information if necessary.

All items are to be submitted on a plat of the lot (Inserts may be enlarged separately).

SITE INVESTIGATIONS

***It may be necessary for the ACC to do a site investigation of your property. Please indicate below whether you do or do not give the ACC permission to enter your property during daylight hours to review your request.**

Yes, the ACC may enter my property during daylight hours for the purpose of reviewing this request.

No, the ACC may not enter my property. Please call me for an appointment should a site-visit be necessary.

Signature _____

Signature _____

FORM RETURN (Forms Can NOT be faxed, it can only be hand delivered; scanned & emailed; or mailed)

Douglas Property Management

Mailing address: Summerchase HOA, 117 Towne Lake Pkwy, Ste. 300, Woodstock, GA 30188
770.926.3086 (phone) email: jbrack@dpm-re.com

ARCHITECTURAL CONTROL COMMITTEE ACTION

Date received: _____ () in person () by mail () by email

Date Decision Rendered: _____ (By ACC Vote ____ By Board ____) ACC reviewer(s): _____

Date responded: _____ (within 30 days of receipt) Project must be completed by: _____

Approved Conditional Approval** Disapproved**

**Requires Explanation

REVISED: November 2010

SUMMERCHASE
SUPPLEMENT TO THE MODIFICATION APPROVAL FORM
PART (G) PAINT COLORS

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Please paint a 4' x 4' block of the base color, trim, shutter, etc. on the side of your house with best sun exposure.

Prepare this supplement form in duplicate along with the Modification Approval Form. Send one of each form to the Summerchase Community Association Manager and keep one copy of each form for your reference.

Notes:

(Use additional sheet if needed)

Paint Manufacturer: _____
BASE (SIDING) COLOR

Cut color sample to fit inside this frame. Paste or staple in Place.

Code # _____
Color Name _____

Paint Manufacturer: _____
FRONT DOOR COLOR

Cut color sample to fit inside this frame. Paste or staple in Place.

Code # _____
Color Name _____

Paint Manufacturer: _____
TRIM COLOR

Cut color sample to fit inside this frame. Paste or staple in Place.

Code # _____
Color Name _____

Paint Manufacturer: _____
GARAGE DOOR COLOR

Garage door color must be the same color as base (siding) or Trim Color

Cut color sample to fit inside this frame. Paste or staple in Place.

Code # _____
Color Name _____

Paint Manufacturer: _____
SHUTTER COLOR

Cut color sample to fit inside this frame. Paste or staple in Place.

Code # _____
Color Name _____

Paint Manufacturer: _____
OTHER:

Cut color sample to fit inside this frame. Paste or staple in Place.

Code # _____
Color Name _____