



Heritage Village

Architectural Modification Request Form

NAME: _____
ADDRESS: _____ Swartz Creek MI 48473
HOME PHONE: _____ WORK PHONE: _____
EMAIL ADDRESS: _____

Anticipated Date for Modification to Begin _____
Anticipated Date for Modification to be Completed _____

My request refers to the following type of improvement(s): (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Exterior Appearance | <input type="checkbox"/> Structural Addition |
| <input type="checkbox"/> Basketball Hoop (Non-mobile) | <input type="checkbox"/> Fencing | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Deck/Patio Slab | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Walls – Retaining |
| <input type="checkbox"/> Deck/Patio Cover | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dog House | <input type="checkbox"/> Sauna/Hot Tub | |

Detailed Explanation of the Modification: (use reverse side if necessary)

ATTACH LAYOUT PLANS AND SPECIFICATIONS – Include height, width, depth, types of materials, color, location relation to property line/fencing/neighbor (“bird’s-eye” and ground-level view drawings), paint sample, and other information pertinent to the request.

*Approval is based on conformance with the Association By-Laws and aesthetic concerns.
No representation is made of approval of structural integrity. Drainage issues and existing slopes are crucial elements of exterior changes and should be strongly considered in the installation of any material.*

I confirm that I have read and understand the By-Laws in regards to the rules of making changes to my property. I understand the approval of the Architectural Review Committee must be obtained before I can proceed with my project. I understand that approval by this committee does not constitute approval by the local building department or any other agency which may require prior approvals. I understand I may be required to obtain permits, licenses, pay fees or obtain other professional opinions and/or certifications. I agree to complete all improvements promptly and in a good workmanlike manner.

Co-Owner’s Signature: _____ Date: _____

THIS AREA TO BE FILLED OUT BY THE ARCHITECTURAL REVIEW COMMITTEE & BOARD OF DIRECTORS

Approved as Submitted

Denied as Submitted

Committee Chair Signature _____

BOD Member Signature _____

Conditions Still Required (use reverse side if necessary):

Reason for Denial (use reverse side if necessary):
