

(HOA NAME REQUIRED)

Architectural Control Committee
Request for Home & Lot improvements

RETURN REQUEST FORM AND REQUIRED MATERIALS TO:

**ATTN: ACC
PO Box 87234
Baton Rouge, LA 70879
Fax: 225-286-7546
Email: info@magnoliabr.com**

**A SKETCH OF YOUR REQUEST MUST ACCOMPANY ALL
REQUESTS REGARDLESS OF THE TYPE.**

OWNER'S NAME: _____

ADDRESS: _____

LOT NUMBER: _____ **EMAIL ADDRESS:** _____

CONTACT NUMBER: _____ **(CELL) (WORK) (HOME)**

Please indicate and fully describe the improvement(s) which you propose (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Structure Addition (attached) | <input type="checkbox"/> Structure Addition (non attached) | <input type="checkbox"/> Fence or Wall |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Exterior Doors | <input type="checkbox"/> Exterior Railings |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Porch or Deck | <input type="checkbox"/> Bulkhead |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Hardscape (sidewalk, pathways) | <input type="checkbox"/> Roof or Shingles | <input type="checkbox"/> Gutter |
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Pool or Spa |
| <input type="checkbox"/> Other _____ | | |

Describe in detail the scope of this request to include specific dimensions:

1. I (we) are the legal owner(s) of the above described property.
2. The work, if approved, will be done promptly and properly by appropriately licensed contractors if necessary.
3. I (we) accept and acknowledge that the responsibility for maintaining, upkeeping, etc. of the improvement/change shall solely be mine (ours), successors, assigns and subsequent property owners.
4. All work and the consequences thereof are solely at our risk and expense. We understand and hold the association, board of directors, and Magnolia Management harmless on account of any consequences resulting from this approval, if granted.
5. Certain changes may affect the site plan, final survey or Certificate of Occupancy at my (our) unit and the Consequences thereof are solely at my (our) risk.
6. No representation by the association, board of directors, or Pelican Management, either expressed or implied, is assumed hereby.
7. I(we) will obtain all necessary permits from the parish, city, and/or state government office as required by law.

I(we) have read and agree to all of the conditions listed above, and I(we) agree to abide by the decision of the architectural control committee.

Signature: _____ **Date:** _____

For ACC use only

Date Received: _____ Receiving Member's Name: _____

Approved
 Denied
 Conditionally Approved

ACC Signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Comments or contingencies from ACC:
