

# Modification Submittal Form

**ALTERATION/WORK MAY NOT BEGIN UNTIL WRITTEN APPROVAL IS GIVEN**

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

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

DATE: \_\_\_\_\_

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

Work PH: \_\_\_\_\_

Home PH: \_\_\_\_\_

## Modification(s) Requested

- |  |  |
|--|--|
| <input type="checkbox"/> A. FENCES<br>(Specify materials, style, sketch on plat)         | <input type="checkbox"/> B. LANDSCAPING<br>(Specific description & sketch) |
| <input type="checkbox"/> C. POOLS & SPAS<br>(Plans - 2 sets)                             | <input type="checkbox"/> D. RECREATION EQUIPMENT<br>(Kind & Location)      |
| <input type="checkbox"/> E. REPAINTING (outdoors)<br>(Painting Mfg. & color)             | <input type="checkbox"/> F. ROOF<br>(Mfg. Type & Color)                    |
| <input type="checkbox"/> G. SCREENING<br>(Specify materials, style & include elevations) | <input type="checkbox"/> H. STRUCTURE ADDITION<br>(Plans - 2 Sets)         |
| <input type="checkbox"/> I. STRUCTURE MODIFICATION<br>(Plans - 2 sets)                   | <input type="checkbox"/> J. TREE REMOVAL<br>(Sketch)                       |
| <input type="checkbox"/> K. WATERFRONT LAND<br>(Type change & sketch)                    | <input type="checkbox"/> L. OTHER _____                                    |

## Modification(s) Description

*Attach additional information as necessary*

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**RETURN FORM TO: AMERICAN DREAM KEEPERS - PO Box 870470 - Stone Mountain, GA. 30087**

**Point of contact: Ken Gilkes - ☎ 770-736-3809 Fax: 770-736-6645**  
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## ARCHITECTURAL CONTROL COMMITTEE ACTION

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

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

ACC reviews(s): \_\_\_\_\_

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

- Approved                       Conditional Approval (explain below)                       Denied