

ARCHITECTURAL CONTROL CHANGE REQUEST FORM

Please COMPLETE, SIGN, and SUBMIT this application to the Architectural Committee via email at info@thelakesatdonegalsprings.com or by mail 3912 Abel Drive, Columbia, PA 17512.

Homeowner(s): _____ Date of Request: _____
 Address: _____
 Home Phone: _____ Mobile Phone: _____ Email: _____

Type of Improvement: (Please circle the option which best describes to your request)

Residential Remodeling	Exterior Painting / Staining	Play Structure
Exterior Walls / Doors / Windows	Deck / Porch / Patio	Flag / Outside Décor
Roof / Arbors / Overhangs	Landscape Planting	Other: _____

Please include a detailed description of the proposed alteration(s): _____

Plan Submittal Requirements

Site Plan: Attach a site plan, drawings, photos, etc.

List of Materials: List all materials to be used in the project (ex: type of wood, brick, shingle, siding, paint/stain, landscaping, etc.) _____

List of Colors: Provide paint, stain, and other building material colors to be used. _____

Dimensions: Needed for all improvements such as additions, decks, patio, patio covers, arbors, play structures, mulch beds, etc. (Length: _____ Width: _____ Height: _____)

If required, have you been issued the proper permits? Yes: _____ No: _____ N/A: _____

Contractor Information:

Contractor's Name: _____ License #: _____

Address: _____ Phone #: _____

Estimated State Date: _____ Estimated Completion Date: _____



Have you discussed your plans with your adjoining neighbors? (NOTE: Not Required)

Yes _____ No _____ Neighbor's Address: _____

Yes _____ No _____ Neighbor's Address _____

Have you reviewed the Covenants as they pertain to your improvement(s)? Yes: _____ No: _____

The Covenants are available for your convenience at www.thelakesatdonegalsprings.com

Acknowledgements

1. As the Homeowner, I understand that no work is to begin prior to obtaining written approval from Architectural Change Committee, all work done must comply with the approved plans; with any changes or modifications requiring resubmission, and all work must be completed within twelve (12) months from the date of approval.
2. As the Homeowner, I acknowledge that I will indemnify the Association and its representatives, and hold it harmless from any damages, personal injury, or costs resulting from the installation, construction, or presence of the improvement.
3. As the Homeowner, I understand that a Certificate of Liability Insurance must be obtained from each contractor performing work within the Association.
4. As the Homeowner, I agree to meet all local building code and will obtain all applicable permits from the Mount Joy Borough prior to beginning any work.
5. As the Homeowner, I understand that it is my responsibility to identify all underground utilities prior to digging by calling the Pennsylvania One Call System, Inc. at 1-800-242-1776. (www.paonecall.org)
6. I understand that I am responsible to maintain all improvements and that I am to inform future owners of the property of their inherited responsibility.

Homeowner Signature: _____ Date: _____

Please Complete a Separate Form for Each Request

~~FOR HOA USE ONLY~~

The Architectural Committee carefully reviewed this application and has made the following decision:

- Approved By: _____ Date: _____ Letter / Email
- Revise & Resubmit By: _____ Date: _____ Letter / Email
- Not Approved By: _____ Date: _____ Letter / Email

Notes/Conditions: _____

