

OAKFORGE

ARCHITECTURAL CONTROL COMMITTEE

APPLICATION FOR CHANGE -Marion County

Please Complete All Sections and Return The Original Application With Attachments
Before Any Project Is Started To:

Elite Property Management Services of Indiana, Inc.
100 E Main St Suite A Greenwood, IN 46143 Phone (317) 534-0200 ~ Fax (317) 534-0201

1. Application Date: _____ Lot #: _____

2. Name: _____ Phone: _____

Address: _____ Zip: _____

Alternate Phone: _____ E-Mail: _____

3. Describe the proposed change in detail including the dimensions: _____

4. Will there be changes or modifications in the utility services or existing structures to accommodate the proposed change? Please indicate below.

| | Yes | No | | Yes | No |
|-----------|-------|-------|----------------|-------|-------|
| Electric | _____ | _____ | Cable TV | _____ | _____ |
| Telephone | _____ | _____ | Exterior Walls | _____ | _____ |
| Gas | _____ | _____ | Patio Slab | _____ | _____ |
| Water | _____ | _____ | Sidewalks | _____ | _____ |
| Drainage | _____ | _____ | Deck | _____ | _____ |
| Sewage | _____ | _____ | Driveway | _____ | _____ |

5. List the major construction materials that will be used in this project. Exterior materials (including roof shingle type and paint color) must conform to those used on the original structure or be sufficiently compatible. Be as specific as possible.

Fencing material: _____

Deck material: _____

Other material: _____

6. Will the proposed project extend beyond the property Line? Yes _____ No _____

Will the proposed project infringe on the easement? Yes _____ No _____

Explanation: _____

**** IMPORTANT **** If the proposed project attaches to a neighbor's property, written permission from the neighbor must be attached to this application.

7. Professional Services and project schedule:

A. The project will be completed by: Homeowner _____
Contractor(s) _____
Both _____

B. List of Contractor(s) – use additional sheet if necessary.

(Name) (Phone) (Contact Person)

C. Please indicate the time needed to complete the project after receiving the ACC approval. _____

8. Attachments:

| |
|---|
| <p>Construction Specifications- A plot plan is <u>required</u> for all changes. You may obtain one in Marion County by calling the Department of Planning and Zoning at (317) 327-8700. In addition to the plot plan you must provide a blueprint or hand drawn layout of the property showing the existing structures and the intended changes. All dimensions must be shown and labeled. The homeowner is responsible for contacting “Call Before You Dig” at (800) 382-5544.</p> |
| <p>Permits- If your improvement project requires a City or County construction permit; those completed permits must be attached to this application.</p> <p>Warning- It is the property owner’s responsibility to determine of the Government body (example: Marion County, Johnson County, etc) approval is required. Approval by the appropriate Government body does not relieve the owner of the responsibility to obtain an ACC approval nor does an ACC approval relieve the property owner of the responsibility to obtain a Government body approval.</p> |
| <p>Easement- Any change to the property that encroaches on the easement is the sole responsibility of the owner. The City, County and any utility company has the right to remove your structure to perform work as needed without permission, without replacement, and without compensation to the property homeowner for any damage(s) done.</p> |

Note: All original applications and attachments shall remain the property of the Association. You may wish to keep a copy for your personal records.

I, the Homeowner, hereby acknowledge that I have read and understand the guidelines for architectural improvements as stated in the Covenants for my Homeowner’s Association.

Homeowner’s Signature: _____ Date: _____

(Homeowner – Do not write below this line)

_____ Application Approved

_____ Application Disapproved

Reason for Disapproval: _____

Board Member: _____ Board Member: _____

Board Member: _____ Board Member: _____

Date: _____