

# EAGLE BAY I ASSOCIATION OF OWNERS

POST OFFICE BOX 84 - SMITHVILLE, INDIANA 47458

VOICE: 812.824.3230 - FAX: 812.824.3240

## ARCHITECTURAL CONTROL REQUEST FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Unit \_\_\_\_\_

Briefly describe the proposed change:

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Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change:

Electric \_\_\_\_\_ Telephone \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ TV Cable \_\_\_\_\_  
Exterior Walls \_\_\_\_\_ Decking \_\_\_\_\_ Sidewalks \_\_\_\_\_ Pavement \_\_\_\_\_ Other \_\_\_\_\_

Please list the major construction materials which will be used in the project. Please be specific.  
Note: Exterior materials must conform to the original building or be sufficiently compatible

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If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach copies of:

- A. A plot plan indicating the location and dimensions of the project
- B. Blueprints or working drawings indicating all necessary dimensions and elevations
- C. If available, a photograph or drawing of a similar completed project.

Please list the following project details:

- A. Project to be completed by \_\_\_\_\_  
Note: A copy of contractor's Liability and Work Comp insurance must be included.
- B. Approximate time needed to complete project \_\_\_\_\_
- C. Building permits required \_\_\_\_\_

I hereby acknowledge that I have read and understand the Architectural control standards set forth by the Board, as well as the Declaration of Covenants and restrictions. I also acknowledge that this request will be presented at the next meeting of the Board of Directors for consideration.

Homeowner's signature \_\_\_\_\_

Approved by _____ Title _____
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