

BRANNON ESTATES ARCHITECTURAL REVIEW COMMITTEE

REQUEST FOR PROPERTY MODIFICATION APPROVAL

NAME _____

ADDRESS _____ STREET _____

Canton, Ga. 30115

PHONE _____ BEST TIME TO CALL _____

Covenant restrictions specify that approval must be obtained prior to construction

Project Start Date: _____ Est. Completion Date _____

Applicable Covenant Restrictions Read? _____ YES _____ NO

Will this project require fence removal? _____ YES _____ NO

All necessary permits applied for? _____ YES _____ NO

_____ Not Applicable

What is the nature of your project: _____

Specify square footage length _____

width,height above ground _____

Will project be visible from the street _____ YES _____ NO

Please complete all necessary information on the second page

Note: To avoid delays make request as complete as possible or it will be returned for additional information or denied as appropriate.

Homeowners Signature _____ Date: _____

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Please indicate which of the following supporting documentation is attached or will be forwarded to the ARC Chairperson

<input type="checkbox"/> Survey plat Indicating location	<input type="checkbox"/> Elevation drawing(s) to scale
<input type="checkbox"/> Digital photos	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical diagram	<input type="checkbox"/> Paint Chips/color/stain samples
<input type="checkbox"/> Other	(include brand name, color number and color chip)

Other Description _____

Specify distance from fence _____
and easements if applicable _____

Specify any that apply: Roofmaterial,color, siding, brick type, drainage plan, plant size and type
wood type and impact on neighbors

Have your neighbors been notified of your plans? YES NO

This request must be mailed or hand delivered to :

Architectural Review Committee

ATTN: Keith Andonian - Chairperson
203 Libby Lane
Canton, Ga.30115

For ARC Committee Use Only

Approved Disapproved Pending Additional Information

ARC Chairperson Signature _____

Initials of other ARC members: _____

Comments _____

