

# ARCHITECTURAL CHANGE REQUEST

## Jefferson Place Association

According to the covenants and bylaws, please submit this change request for any exterior modification you are planning for your property. This includes, but is not limited to, painting or staining wood, exterior remodeling, windows, doors, moving or installing any utility, light fixture, fences, antenna, satellite, concrete or landscaping, consistent with the Jefferson Place Maintenance Responsibility Guidelines. Approval by the Board must be given before any work is begun. Your JP Board is committed to maintaining the integrity of the neighborhood and all architectural details. We recognize that sometimes changing to the new, requires a different look.

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Lot Number \_\_\_ Phone Number \_\_\_\_\_ email Address \_\_\_\_\_

2. Briefly describe the proposed change \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

	Yes	No		Yes	No
Electric	_____	_____	Exterior Walls	_____	_____
Telephone	_____	_____	Patio Fencing	_____	_____
Gas	_____	_____	Patio Slab	_____	_____
Water	_____	_____	Sidewalks	_____	_____
Sewage	_____	_____	Pavements	_____	_____
TV Cable	_____	_____	Other	_____	_____

4. Please list below the major materials that will be used in this project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If the proposed project is an addition or alteration that would change the appearance of your residence, please attach the following information.
- 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.
  - d. Name & manufacturer of approved paint or stain color.

6. Project Schedule:
- a. The project will be done by Homeowner \_\_\_\_\_ Contractor(s) \_\_\_\_\_  
Contractor Name \_\_\_\_\_
  - b. Indicate the approximate time needed to complete the project, subsequent to the Board's approval.  
Proposed beginning date: \_\_\_\_\_  
Estimated completion date: \_\_\_\_\_
  - c. Indicate any building permits that will be required.

NOTE: All submitted materials shall remain the property of the Board. You may wish to make a copy for your personal records.

Homeowner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit form to The Newcomb Group at [tng@newcombgroup.us](mailto:tng@newcombgroup.us) or fax to 260.969.8662 or mail to 10214 Chestnut Plaza Drive, Suite 220, Fort Wayne, IN 46814.

The committee will make every effort to respond within 30 days of receipt.

-----DO NOT WRITE BELOW-----

**Committee Action:**

- Approved as submitted**
- Deferred**
  - Additional information required**
  - Other**
  - Denied**

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_