

INVERNESS SQUARE HOA

ARCHITECTURAL CHANGE REQUEST

(see CC&R's Article 2.2 - Architectural Review; Sec. (a-b) - Review of Proposed Construction)

NAME: _____ TELEPHONE _____

ADDRESS: _____ LOT NO. _____

DESCRIPTION of REQUESTED CHANGE or ADDITION:

ATTACHMENTS: (as applicable)

- Details or drawing of change or addition
- Exact measurements, materials, contractors, etc.
- Pictures (if possible)
- Other

It is understood and agreed to by Homeowner that any changes made to structure of home and/or landscape will void any warranty that might exist or any responsibility Association might have in relationship to structure or landscaping.

Approval, if necessary, by Murray City

Reviewed and Approved by Murray City: _____ Date: _____

By: _____

Approval, if necessary, by adjacent lot/property owner

_____ Date: _____ Lot No. _____
Owner

_____ Date: _____ Lot No. _____
Owner

DATE SUBMITTED to Architectural Control Committee:

Homeowner Signature _____ Date: _____

Reviewed and Approved by:

_____ Date: _____
Architectural Control Committee Member

_____ Date: _____
HOA Trustee, Committee Representative

When specific project/improvement is completed, please notify Committee Member above for inspection.

Inspected by: _____ Date: _____