# COPPERLEAF HOA, INC. - REQUEST FOR MODIFICATION REVIEW

Name_____ Date_____

Address_____Home Phone_____

City/State/Zip_____ Office Phone_____

Community _____Lot/Block_____

Please provide the Architectural Control/Covenants Committee with all information necessary to evaluate the request thoroughly and quickly. Requests must include, without limitation, the following information: site plan (including all dimensions), color chips (if applicable), detailed description of request, list of materials, pictures (if applicable), and any other information as specifically required below or as required by the Design Guidelines approved for the community.

Description of Modification Requested:
_____
_____

Estimated Start Date_____ Estimated Completion Date_____

Acknowledgment of Adjacent Homeowners **(all homeowners sharing common boundary line)**: This acknowledgement will be considered by the Covenants Committee but will not be binding upon the Covenants Committee.  No application will be considered unless this section is completed, or the Applicant Homeowner has made a reasonable effort, in the sole discretion of the Board, to have this section completed.

Signature _____ Lot (_____) In Favor Of (___) Not In Favor Of (___)
Signature _____ Lot (_____) In Favor Of (___) Not In Favor Of (___)
Signature _____ Lot (_____) In Favor Of (___) Not In Favor Of (___)

**Under each of the most common headings below, all the items listed must be submitted.  Please refer to the Covenants for other necessary information required for modifications such as detached structures, outdoor play equipment, pools, etc.:**

____    **Patio or Walkway**
       _____        Lot survey denoting location
       _____        List of materials to be used

____    **Exterior Decorative Objects, Front Porch Flower Pots, Lighting, Etc.**
       _____        Description of object _____
       _____        Location and picture or sketch of object

____    **Garden Plot**
       _____        Location and size of garden
       _____        Type of plants to be grown

____    **Play Houses**
       _____        Location (must have minimum visual impact on adjacent properties)
       _____        Size and Sketch
       _____        Materials (in most cases, material used **should** match existing materials of home)

____    **Private Pool**
       _____        Picture or drawing of pool type.
       _____        Dimensions (maximum size 1,000 square ft.)
       _____        Color (must be blue or white).
       _____        Site plan denoting location.
       _____        Type of lighting source.
       _____        Landscape plan

____    **Fencing**
       _____        Picture or drawing of fence type.
       _____        Dimensions (Height is to be 6 feet; maximum span between posts shall be ten feet).
       _____        Color
       _____        Site plan denoting location
       _____        Crossbeam structure must not be visible from any street (must face inside toward yard).
       _____        Materials
       _____        All nails, screws or fasteners shall be aluminum or hot-dipped galvanized.
       _____        All posts shall be anchored in concrete.

____ **Exterior Landscaping and Maintenance**
  _____   Landscape plan denoting plant material and location


____ **Deck/Porch**
  _____   Picture or Drawing (deck must match any existing deck).
  _____   Dimensions
  _____   Color (must be natural or painted to match exterior color of home).
  _____   Site plan denoting location (in most cases may not extend past sides of home).
  _____   Materials (must be cedar, cypress or No. 2 grade or better pressure-treated wood).

____ **Exterior Building Alterations**
**Paint (Submit only if other than original paint color)**
  _____   Color
  _____   Area of home to be repainted.
  _____   Photograph of your home plus homes on either side (in most cases adjacent homes cannot be painted the same colors).

**Storm Windows/Doors**
  _____   Picture or drawing of all windows/doors on which storm windows/doors will be installed.
  _____   Picture depicting style of storm window/door to be installed.
  _____   Color (window/door trim must be baked enamel and color must be compatible with primary and trim colors).

**Building Additions**
  _____   Location of addition and size of lot.
  _____   Size, color, and detailed architectural drawing of addition.
  _____   Materials (material used **must** match existing materials of home).
  _____   Building permit (if required).

**Please submit your modification request packet to the attention of Maethea Rodgers, Association Manager, via email at maethearodgers@fieldstonerp.com or via fax at 678-819-5366.**

Note: I understand and agree that no work on this request shall commence until written approval of the Covenants Committee has been received by me. I represent and warrant that the requested changes strictly conform to the community Design Guidelines and that these changes shall be made in strict conformance with the Design Guidelines. I understand that I am responsible for complying with all city and county regulations.

Neither Fieldstone Realty Partners, LLC, the Association Board of Directors, the Association Advisory Committee or the Association Covenants Committee nor their respective members, Secretary, successors, assigns, agents, representatives or employees shall be liable for damages or otherwise to anyone requesting approval of an architectural alteration by reason of mistake in judgment, negligence or non-feasance, arising out of any action with respect to any submission. The Architectural Review is directed toward review and approval of site planning, appearance and aesthetics. None of the foregoing assumes any responsibility regarding design or construction, including, without limitation, the structural integrity, mechanical or electrical design, methods of construction, or technical suitability of materials. I hereby release and covenant not to sue all of the foregoing from/for any claims or damages regarding this request or the approval or denial thereof.

Owner's Signature _____ Date _____

**FOR ARCHITECTURAL CONTROL COMMITTEE USE**  Approved By: _____
                        Covenants Committee Member

Date Received _____

Approved _____ Not Approved _____ Conditions _____
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Comments:
_____
_____
_____
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_____