



Association Management  
Advisory Group, Inc.

## Architectural Modification Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date Received: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

All Architectural Modification Requests must be approved **BEFORE** any work can be started. Make your request clear and concise. Be sure to include a description of materials to be used, dimensions, a drawing of the proposed project, and contractor to be used (if applicable). Fill out both sheets. Approval of your request grants permission to your Association and Association Management Advisory Group, Inc., to make a reasonable inspection of project in process and completed modifications.

Neither the Board, the Architectural Review Committee, or the management company shall bear any responsibility for ensuring the design, quality, structural integrity or soundness of the approved construction or modification, nor for ensuring compliance with building codes, zoning regulations and other conditions that may be required by local governing agencies. Association Management Advisory Group, Inc., and its agents shall not be held liable for any injury, damages or losses arising out of the manner, design or quality of any approved construction or modification.

Return this completed form to **Association Management Advisory Group, Inc., PO Box 491537, Lawrenceville, Georgia 30049-1537**. Your request will reviewed and you will be sent a written response within thirty (30) days. If information is missing from your submittal or if your Association requests more information you will be contacted within 30 days to provide the additional information on the request as needed.

I have read and agree to the above: \_\_\_\_\_  
(Signature of Homeowner)

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Name: \_\_\_\_\_ Community: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Architectural Modification Request:      Approved       Denied

Conditions or Stipulations:

\_\_\_\_\_  
\_\_\_\_\_

Association Management Advisory Group, Inc. Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Projected Start Date: \_\_\_\_\_ Projected Finish Date: \_\_\_\_\_

Attachments: (check appropriate)

- |   |   |
|---|---|
| <input type="checkbox"/> Site plan  | <input type="checkbox"/> Drawing or picture       |
| <input type="checkbox"/> Listing of materials to be used (type, grade, color chart, etc.) | <input type="checkbox"/> Copy of building permits |
| <input type="checkbox"/> Proof of compliance with any local zoning regulations            | <input type="checkbox"/> Other _____              |

Is the change structural? YES\_\_\_\_ NO\_\_\_\_      Is the change cosmetic? YES\_\_\_\_ NO\_\_\_\_

Give a brief description as to the nature and location of requested modification.

Work to be completed by:       Homeowner Contractor       Contractor

Name of contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_