

Towne Lake

SUBDIVISION MODIFICATION APPLICATION

TOWNE LAKE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

PLANS AND SPECIFICATIONS MUST BE ATTACHED

Owner/Applicant

DATE: _____

Name(s): _____

Building Site Information

Job address _____

Lot# _____
Subdivisio Towne Lake

City: _____ State _____ Zip _____

Phone# _____

Email: _____

CONTRACTOR INFORMATION (If applicable)

Are you doing the work yourself? YES _____
NO _____

Name _____

Nam _____

Address _____

Phon (Day _____

Phon) _____

Does the City Require a Permit?

Require

Yes or No

PLANNED ACTIVITY: [] Privacy Fence [] Storage Building [] Children's Play Set
[] Landscape Plantings [] Other

BRIEF DESCRIPTION OF WORK

By signing below, I certify that I have read the Declaration of Single Family Residential Protective Covenants, Conditions, and Restrictions for Towne Lake Subdivision, along with any and all amendments thereto (the "Covenants, Conditions and Restrictions") and understand that I must comply with the Covenants, Conditions and Restrictions. I also certify that I have read the Towne Lake Architectural Review Committee Post House Closing Design Guidelines (the "Design Guidelines") that have been adopted by the Towne Lake Homeowner's Association Board of Directors and understand that I must comply with the Design Guidelines. I also certify that I have read this application and exhibits attached hereto (the "Application") and agree to comply the terms set forth herein. I hereby acknowledge that I must wait on full Architectural Review Committee, **which can take up to 30 days**, approval before commencing any work on my property. Furthermore, I hereby acknowledge that if I fail to comply in full with the Covenants, Conditions and Restrictions, the Design Guidelines, or the Application, **I am subject to any and all remedies available to the Towne Lake Homeowner's Association, Inc. pursuant to the aforementioned documents and applicable laws. FILL OUT COMPLETELY BEFORE SUBMITTING, NO JPEG allowed. Scan to knelson@regencymultifamily.com or fax to 334-347-0139**

OWNER

Signature required _____

Date _____

