

Rosemoore Lake Homeowners Association, Inc. (RLHOA)
P.O. Box 581, Suwanee, GA 30024

REQUEST FOR PROPERTY MODIFICATION(S)

Applicant's Name: _____

Address: _____

Phone: _____

Date Modification Request Form Received (To be completed by RLHOA Board): _____

Modification(s) Requested

Note: All modification request forms must be accompanied by a detailed cover letter describing how the modification will be completed including materials, colors, project description and architectural plans or sketches (see required information in table below and check appropriate box(es)). Please mail request forms and supporting information (2 copies) to the RLHOA address above or email as attachments to RLHOA@rosemoorelake.org.

<input type="checkbox"/> Fencing or Retaining Wall (materials, colors, style, plat & plans or sketch)	<input type="checkbox"/> Tree Removal or Tree Planting (plat, plans or sketch)	<input type="checkbox"/> House Painting, change color (color strips/ samples)	<input type="checkbox"/> In-ground swimming pool (safety, pump-filter equipment, drainage)	<input type="checkbox"/> Roof mounted equipment (location & elevation)
<input type="checkbox"/> Landscaping - Major Change with trees and/or bushes (species ID & landscape plan or sketch)	<input type="checkbox"/> Patio Change or Addition (materials, colors, plans or sketch)	<input type="checkbox"/> House Additions Structure Modification (plan)	<input type="checkbox"/> Recreation Equipment (type, location)	<input type="checkbox"/> Deck Structure Modification/ Addition (plans, color samples)
<input type="checkbox"/> Roofing Repair (color samples, material samples, elevations)	<input type="checkbox"/> Mail Box Replacement	<input type="checkbox"/> Porch Adds/ Changes (Plans or sketch, colors, materials)	<input type="checkbox"/> Storage Shed Adds/ Changes (Plans or sketch, colors, materials)	<input type="checkbox"/> Other (describe)

For each modification requested above, please indicate the modification start date and expected completion date:

Project Description	Start Date	Completion Date
1.		
2.		
3.		
4.		

RLHOA Decision

Approved (Y) <input type="checkbox"/>	Conditional Approval (C) <input type="checkbox"/> (Approval will be given upon meeting one or more conditions; see below)	Not Approved (N) <input type="checkbox"/> (Reason(s) for disapproval will be described in detail; see below)
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Note: The RLHOA Board of Directors shall determine approval or disapproval status. Disapproved or Conditionally Approved requests shall be returned to the Homeowner with a written explanation for the Disapproval or the Conditions for Approval.

RLHOA Board of Directors:

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Conditional Approval

The following condition(s) must be met before final RLHA approval will be given:

Condition(s):

Not Approved

Reason(s) for disapproval: _____
