

Architectural Approval Form

(Please be as detailed as possible)

- * Allow thirty (30) days for approval process
- * All proposals MUST include a Surveyor's/Plat Plan with area of proposed change clearly marked
- * Homeowner is responsible for obtaining any necessary building permits
- * You may apply for more than one change per form (i.e., a fence and a deck)

Return to: OMNI Management Services, PO Box 441570, Indianapolis, IN 46244-1570, or via email to nmowery@omni-property.com or fax to 317-541-0002, or deliver to a member of the Summit Lakes Board or ARC.

(2) Copies need to be submitted, (1) to be returned to owner after review by HOA

This request is only applicable the following as stated below and does NOT grant future actions not specific to this request.

Homeowner Request for Improvement

Please complete items 1-7 and the easement and utility access waiver form and affidavit form (if required).

1. Name _____ Phone: _____
email address _____

2. Lot # _____
Street Address: _____

Briefly describe the proposed change:

6. Will the proposed project extend beyond your property lines and/or to your property line?
(Example: fencing on the property line)

YES _____ NO _____

If yes, please provide the name and address of the affected homeowner, and attach the letter of affidavit form signed by this homeowner(s)

Name _____ Address: _____

7. If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information:

- a. Blueprints or working drawing indicating all necessary dimensions and elevations.
- b. If available, photography of drawing of a similar completed project.

8. Please indicate the approximate time needed to complete the project, subsequent to the committee approval _____

NOTE: A plot plan indicating the location and dimension of the project must be included for any Architectural Change Request.

All submitted materials shall remain the property of the HOA. Please retain a copy for your records.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ARCHITECTURAL REVIEW COMMITTEE (ARC) STANDARDS SET FOR BY THE COMMITTEE AND THE COVENANTS AND RESTRICTIONS OF THE SUMMIT LAKES ASSOCIATION, AND FURTHER UNDERSTAND THAT I WILL NOT COMMENCE ANY WORK UNTIL THE ARC HAS RENDERED ITS DECISION, AS WELL AS, THE COUNTY, CITY AND STATE GOVERNING DOCUMENTS. VIOLATION(S) MAY INVOLVE SUBSTANTIAL PENALTIES

Homeowner's Signature _____

Printed Name: _____ Date: _____

Easement & Utility Access Waiver

Only required if the proposed improvement encroaches on an easement

This document is an acknowledgement that I, _____
Printed name

The owner of the property located at _____

of the Summit Lakes Subdivision, Washington Twp, Hamilton Cty, Westfield, Indiana, will be installing an Improvement that could extend into the drainage easement or possibly could block access to utility Meters or equipment. I will accept full responsibility of any cost to remove and/or replace this Improvement if the utility company, association, or the Developer required access this area.

Signed Homeowner _____ Date: _____

Acknowledged by _____ Date: _____
Board Member, Title

Letter of Affidavit

only required if you answered "yes" to number 6 above

I, _____ the homeowner of the property located at
(Printed name)
_____ hereby acknowledge that my neighbor has
(Address)
requested to build a structure that could affect my property lines and Value. I hereby give my permission for this structure to exist, but I will not maintain this structure in any way shape or form. It is understood that the property owner of _____
(Address)
_____ will maintain this structure to its original form.

Should this property owner fail to maintain this structure, I am within my full right to remove said structure from my property. It is also understood that this agreement will continue to future property holders, they must be notified of this agreement prior to taking possession of said property.

Signed by: _____ Date: _____

Signed by: _____ Date: _____

This agreement shall also be signed by the homeowner requesting the change

Signed by: _____ Date: _____

Printed name: _____

Lot # _____

Address: _____

Architectural Control Committee Review Page

Homeowner Name: _____

Address: _____

Lot # _____

COMMITTEE ONLY – Do not write below this line



Committee Action:

Approved as submitted

Approved as revised

Revisions requested :

Deferred

Additional information required:

Other: _____

Denied

Comments: _____

This format requires ONE HOA board member and ONE ACR committee member to review and sign.

Signed: _____ Date: _____

Printed _____

Signed: _____ Date: _____

Printed: _____