

Sandrock Station Homeowners Association



Architectural Control Request

Name of Owner: _____

Property Address: _____

Mailing address (if not the property address) _____

Owner's Phone number: _____ Alternate Phone number: _____

Requirements:

- Painting:** (paint chips required)
Primary Color: _____ Brand name and Paint Number: _____
Trim Color: _____ Brand name and Paint Number: _____
Accent Color: _____ Brand name and Paint Number: _____
Color of the brick on the home: _____
- Roofing:** (business card size sample required)
Roofing Color: _____ Roofing Warranty: _____
Roofing Manufacturer: _____
- Fencing:**
Fencing Material: _____ Height (can not exceed 6ft): _____
Plot map (survey) of the property showing fence location is required.
- Windows:**
All windows must appear as if part of the original construction.
Please provide a color brochure with your Architectural Control Request.

Major Change Requirements:

- Additions, Storage Sheds, Gazebos, Pools and Playscapes:**
Plot map (survey) of the property showing lot lines, dimensions, easements and position of existing home.
Elevations (including side views), dimensions and photos sufficient to describe the project in detail.
A copy of all plans or blueprints for the project.
- Landscaping, and Tree Removal:**
Plot map (survey) of the property showing the existing home and the trees to be removed or added.

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A letter telling the Board why the tree needs to be removed. (i.e.: dead, tarring up the foundation of the home, laying on the roof, struck by lightning)

No foliage can be on or in front of the set back line for the property – see plot map (survey) for details.

□ **Roofing shingles on file in the office - no sample required:**

- Elk 30 year – Weatherwood
- Elk 30 year – Shakewood
- Elk 30 year – Fossil Grey

- Owens Corning 30 year – Weather guard – Driftwood
- Owens Corning 30 year – Duration – Brownwood
- Owens Corning 30 year – Duration – Teak
- Owens Corning 30 year – Duration – Estate Gray

Approvals will be determined within thirty (30) days of receipt of the request. Approval or denial of this request will be sent to the Homeowner in writing.

All projects must be completed with in ninety (90) days of the date on the approval letter.

FOR ARCHITECTURAL CONTROL COMMITTEE USE ONLY

FILE NUMBER: _____

DATE RECEIVED: _____

DATE OF LETTER: _____

ACCEPTED: _____

DENIED: _____

COMMENTS:
