

WRENS CROSS
ARCHITECTURAL CONTROL
MODIFICATION FORM

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

MODIFICATION(S) REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> ATTACHMENTS TO EXTERIOR WALLS
(Lights, Awnings, ect.) | <input type="checkbox"/> GARAGE DOOR REPLACEMENT
(Manufacturer, Type & Color) |
| <input type="checkbox"/> DOOR REPLACEMENT
(Specify Material, Style & Color-Black only) | <input type="checkbox"/> PATIO REPAIR OR REPLACEMENT
(Permit maybe required) |
| <input type="checkbox"/> EXTERIOR REPAINTING
(Paint Manufacturer & Color) | <input type="checkbox"/> INTERIOR MODIFCATIONS
(Permits, COI and Plans) |
| <input type="checkbox"/> SCREENING
(Specify Material, Style & Color) | <input type="checkbox"/> WINDOW REPLACEMENT
(Specify Material, Style & Color) |
| <input type="checkbox"/> PLANTNG AREA LANDSCAPING
(Specify all materials & Sketch on plat) | |
| <input type="checkbox"/> OTHER | |

*** If unit contains an addition or alteration to the original plan – whether a current or a former owner made the alteration – the current owner is responsible for all pertinent maintenance.***

MODIFICATION(S) DESCRIPTION (attach any information such as color chips, manufacturer, plans, materials, etc. that will be necessary for the consideration of your request)

Expected Start Date: _____

Expected Completion Date: _____

Return Form to:

Wrens Cross using the Portal Link : Requests / ARC Request

<https://portal.cmacommunities.com/login>

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ARCHITECTURAL CONTROL ACTION

Date Responded _____

() Approved () Disapproved * () Conditional Approval*