



ARCHITECTURAL CHANGE (ACC) REQUEST FORM

Complete the fields below

HOA Name: _____

Owner Name: _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Fax: _____

Proposed Start Date: _____ Proposed Finish Date: _____

Project Type: (Please check all applicable categories)

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Arbor | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Play Equipment | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Fence* |
| <input type="checkbox"/> Paint House | <input type="checkbox"/> Room Addition | <input type="checkbox"/> Recreational Equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Porch/Patio | <input type="checkbox"/> Enclosure of Porch/Patio | |

Description of work: _____

Is this request in response to a violation letter we sent you? Yes ☐ No ☐

*** If this is a fence request, please answer the following:**

What is the height of the proposed fence? _____ Material Type? _____

What is the finish of the proposed fence? _____ (stain color, natural, unfinished etc.)

Will the fence begin and end on the back corners of your home? Yes ☐ No ☐

If no, please explain: _____

Please attach the following:

- ☐ Detailed written description of the proposed modification
- ☐ Attach supporting materials such as drawings, plans, paint samples, or brochures with photographs.

Homeowners are responsible for any building permits that may be required, building code compliance, survey of property lines, and arranging for required inspections and approvals. The homeowner hereby grants permission to the ACC Committee to enter the property and make reasonable observation and inspections associated with the modification request and completion of the project.

Homeowner Signature: _____

ACC Committee Use

Date Received by GCM: _____ Date Scanned to ACC: _____

☐ Approved ☐ Approved w/Stipulations ☐ Denied ☐ Denied – Insufficient Information

Notification Via: ☐ US MAIL ☐ EMAIL ☐ FAX

Comments: _____

Submit this form using one of the following options:

Online: Complete this form online at www.gcmmtg.com

Mail to: Association's Name c/o GCM
P.O. Box 2750, Loganville, 30052

Email to:

acc@gcmmtg.com

Fax to: 678.475.7715