

**CRAWFORD OAKS HOMEOWNERS ASSOCIATION  
REQUEST FOR ARCHITECTURAL CHANGE / ADDITION**

**Work may NOT begin unless and until proper approval is given**

**Date Submitted:** \_\_\_\_\_

<b>Homeowner Name</b>			
<b>Street Address</b>			
<b>Home Phone</b>			
<b>Work / Cell Phone</b>			
<b>Proposed Start Date</b>		<b>Proposed Completion Date</b>	

**Description and EXACT LOCATION of Improvement proposed:** (please include a site plan, architectural drawings, sketches, pictures, contractor's specifications, materials list, shingle style and color, paint chip sample(s), etc. as applicable) **Dimensions of the project, as applicable, must be included as part of this submission. Failure to provide complete information as requested will delay review, and possible approval. Please attach additional sheets with an explanation as necessary.**

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Please answer the questions below and offer an explanation of any marked yes or no (on a separate sheet):

- Will there be any changes to the grade of the land? Yes [ ] No [ ]
- Will there be any modifications or alterations to the existing yard, structure, patio or porch area? Yes [ ] No [ ]
- Have you contacted the City Building and Zoning Department to determine if the structure is in compliance with legal zoning and building regulations? Yes [ ] No [ ]

**Note:** Remember to allow the appropriate time for approval. The Architectural Control Committee may take up to thirty (30) days to review plans and specifications.

**Upon completion of your project, please notify your Property Manager so the ARC committee can schedule a time for a final inspection. This will ensure all conditions have been met and are finalized.**

*\*\* All submissions, together with all approvals and authorizations by The Architectural Control Committee and Board of Directors are and remain subject to all Declaration of Covenants, Restrictions and Easements, Bylaws and Rules and Regulations of the Association, as same may be amended from time to time.*

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**Return Form To:** Crawford Oaks Homeowner Association, Inc.  
c/o CMA  
1465 Northside Drive, Suite 128  
Atlanta, GA 30318  
Phone: 404-835-9159                      Fax: 404-835-9159

**\*\* Preferred:** Email: [mcreswell@cmacommunities.com](mailto:mcreswell@cmacommunities.com)

I understand the rules concerning the proposed improvement. This improvement in no way encroaches on a Neighbor's limited common area or common ground. I agree to abide by the rules established by the Association and will be solely liable for any upkeep required by the construction of this improvement. Any improvement officially approved by the Crawford Oaks Board of Directors must be completed within (90) days or the approval may be revoked and application must be resubmitted. I agree to meet all legal requirements including City of Oakwood building codes. I CERTIFY THAT THE PROPOSED CHANGES WILL BE LIMITED TO THE EXTENT DESCRIBED ABOVE. If any information is later found to be incorrect, misrepresented, or in conflict with the Covenants/Restrictions or if any pertinent information has been withheld, approval is automatically VOID. A new Approval Request form must be submitted. Enforcement, if necessary, will be through Local Regulatory Bodies and/or Civil Court Action. All expenses incurred are charged back to the owner(s) involved.

Legal Homeowner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**ARCHITECTURAL REVIEW COMMITTEE ACTION**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved                       Conditional Approval\*                       Denied\*

\*Require Explanation

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Approved By: \_\_\_\_\_  
(Printed Name)