

Watson Farms REQUEST FOR ARCHITECTURAL CHANGE

1. Name: _____
Address: _____ Lot #: _____
Phone: _____ EMAIL ADDRESS: _____

FOR ALL SUBMISSIONS THE FOLLOWING ATTACHMENTS ARE REQUIRED:

- A Plot Plan or a Surveyors Location Report of your lot should have been provided at closing.
Please indicate the location of the proposed addition/improvement will be installed (on a copy).
- Please include **Elevations** and **Blueprints or working drawings indicating all dimensions.**
- If available, a photograph or drawing of a similar completed project.

THE COMMITTEE MAY TAKE UP TO 30 DAYS TO REPLY – PLEASE PLAN ACCORDINGLY – THANK YOU!

2. Requesting architectural approval of the following: _____ Improvement _____ Addition _____ Repair/Replacement

Describe the proposed change: _____

Location: _____ Dimensions: _____

Please list below the major construction materials that will be used in this project. Be as specific as possible: _____

***Requests for exterior color/materials changes MUST submit samples of color, paint, brick, etc.
(Exterior materials must conform to the original construction or be sufficiently compatible.)***

4 Project schedule:

- A. The work will be performed by: Homeowner _____ or Contractor Name _____
- B. Subsequent to the committee approval,
please indicate the projected start date _____
please indicate the projected end date _____
- C. Please indicate all required permits (building, etc.) _____

5. Will any part of the proposed improvement extend beyond your property line? Yes ___ No ___

6 Will any part of the proposed improvement extend into any Common Area, any Utility, Drainage or Sewer Easement, Landscape, Preservation or Lake Easement shown on the plot plan of your lot? Yes ___ No ___

ARCHITECTURAL CHANGE STANDARDS

I understand that under the Declaration and the rules and regulations, the Board will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval.
2. All work will be done at my expense and all future upkeep will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself and/or a licensed and insured contractor.
4. All work not completed within 180 days from the date of approval MUST resubmit for Committee Approval.
5. I assume all liability and responsibility for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees connected with this work.
7. I understand that **any and all improvements placed in a drainage, utility, sewer, landscape or other easement is at my risk**. I accept the responsibility for repair and/or replacement of improvements when utility, drainage or sewer principals, developer or other authorized party removes improvements for access to the easement.
8. I will be responsible for complying with, and will comply with, all applicable federal, state and local laws, codes, the community governing documents, regulations and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Association, it's Board of Directors, its Agent and/or the Committee have no responsibility with respect to such compliance and that the Board of Director's and/or its designated Committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, covenant, regulation and/or requirement.
9. This request will not be considered for approval if shall owner is more than 30 days delinquent on any assessment dues.

I hereby acknowledge that I have read and understand the ARCHITECTURAL CHANGE STANDARDS set forth by the Board, as well as the Declaration of Covenants and Restrictions.

Homeowner's Signature: _____ **Date:** _____

NOTE: All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records.

For ALL Submissions
Be sure to include the requested attachments listed on the previous page.

Please return the completed documents to:

Community Association Services of Indiana
ATTN: Watson Farms
11711 North College Avenue
Carmel, Indiana 46032
Fax: 317-875-5614
Email: customerservice@cas-indiana.com

..... **For Office Use Only**

Architectural Committee Action:

- () Approved as submitted
- () Approved with restrictions as follows: _____
- () Deferred: Please supply additional information: _____
- () Denied: ARB Comments: _____
- () Other Comments: _____

Committee Signature: _____ **Date:** _____

Dear Homeowner:

Any lot improvement made or installed within an easement is at the owner’s risk regardless of the approval by the Architectural Control Committee. If for any reason repairs and or maintenance are required in the easement, any improvement(s) that are removed will not be reinstalled by the utility company or contractor.

This waiver must be signed and returned with the Request for Architectural Change, to protect you and the HOA of your community. It is to verify that you have a full understanding of the responsibilities and risk of developing an improvement into an easement.

If you are developing into an easement, it is also your responsibility to have the utilities marked prior to commencing by calling “Holey Moley” Indiana Underground Services @ 811.

EASEMENT WAIVER

This document is an acknowledgment that I/we, _____
NAME OF HOMEOWNER (S)

the owner(s) of the property located at _____, IN.
STREET ADDRESS CITY

of the _____ Homeowners Association Lot # _____ will be
NAME OF SUBDIVISION

installing _____

that extends into a drainage and/or utility and/or sewage easement and accepts full responsibility of any cost to replace this improvement if the utility company, developer or other authorized party needs to gain access to that area by removal of said improvement.

Signature of Homeowner

Date

Signature of Homeowner

Date

Return all required documentation to:

Community Association Services of Indiana
ATTN: Watson Farms
11711 N. College Avenue, Suite 100
Carmel, IN 46032
Email: customerservice@cas-indiana.com
Fax: 317-875-5614