MADISON FARM HOMEOWNERS ASSOCIATION
ARCHITECTURAL REVIEW COMMITTEE - *Request for Exterior Alteration*

Date: _____ Date Rec'd: _____

Owner: _____ Phone: _____

Address: _____Lot #: ____ Email: _____

Please complete this form in its entirety. Indicate alteration and provide **full details** including, type of materials, dimensions and location on property. **Please note the setbacks of the improvement structure to all property lines. Include a** sketch of improvement on a property plot plan indicating the location, setbacks, details to the home and property lines. Attach additional details, sketch to scale or architectural plan, materials, photos, specifications, etc. Homeowner is solely responsible for obtaining any necessary State or Parish permits.

1. Location of Property: *(If applicable, check all that apply)*

❒ Corner Lot ❒ Adjacent to Greenspace/Park Area ❒ Adjacent to Lake/Pond Area

2. Type of Alteration Requested:

☐ Tree Removal ☐ New Construction ☐ Fence ☐ Pool/Cabana ☐ Pergola/Patio
☐ Paint (Exterior) ☐ Driveway Ext. ☐ Landscaping Plan ☐ Addition ☐ Other

_____

_____

_____

3. Dimensions: _____ **Material:** _____ **Color:** _____
H' W' L'

4. Setbacks to all Property Lines: _____
Front Rear Left Side Right Side

5. Contractor Name and Phone Number: _____

6. Project Start Date: _____ **Est. Completion Date:** _____

7. Signatures and Acknowledgement: The signatures below should be that of the adjacent property owners. This acknowledgement indicates an awareness of the intent and does not constitute approval or disapproval. If there are no adjacent property owners, mark "n/a" in the space provided.

Name (Signature): _____ **Name (Signature):** _____

Printed Name: _____ **Printed Name:** _____

Address: _____ **Address:** _____

Applicant Signature: _____

Return completed, signed application with attachments to: Renaissance Property Management
506 E. Rutland St., Covington, LA 70433 | Office: (985) 624-2900 | Email: info@renmgt.com

Please do not proceed with any alterations until written approval is received and proper state or parish permits are displayed.

Architectural Control Committee Section

Decision on Request: Approved: _____ Not Approved: _____ Approved as Noted: _____ **Date:** _____

_____

_____

Committee Signature: _____ ***Chairperson Signature:*** _____