THE VILLAGE AT HARVEST RIDGE HOMEOWNERS ASSOCIATION, INC. ARCHITECTURAL CHANGE REQUEST FORM

Owner	Property Address		
Owner's Mailing Address (if different) City, State, ZIP (if other than Winchester) _			
PROPOSED EXTERIOR CHANGE OR ALT	TERATION:		
Please attach a <u>detailed description</u> , <u>photo</u> , <u>o</u> proposing for your lot or home.	copy of the plat, and/or sketch of all improvemen	nts, alterations, or changes you are	
In order for the Architectural Review Committee	(ARC) to make a decision, please provide the follow	ing information if applicable:	
Specifications	Sizes(s)		
decision within 10 working days of receipt of yo <i>Directors</i> . If the ARC refers to the Board for app	rocessing of your request. You will be notified of the ur completed documents <i>unless the proposed change</i> proval, the processing could be delayed. By approving a sibility for the safety, construction, operation, maintain thereafter.	requires input from the HOA Board of g this request, neither the ARC nor the	
>> DO NOT BEGIN CONSTRUCTION OR	MODIFICATION UNTIL YOU HAVE RECEIVED AF	PPROVAL FROM THE ARC. <<	
permits and/or variances and observing all locathe changes under the terms and conditions as s	age does not relieve me of the responsibility for obtand zoning ordinances. If approved by the Architectura pecified in the approval document. I understand that I agree to accept responsibility for any and all disturbances.	al Review Committee, I agree to make all improvements must be within my	
Signature of Homeowner	Date		
	S) TO ANY MEMBER OF THE ARCHITECTUR BE MADE ELECTRONICALLY OR WITH PAPE		
ARCHITECTURAL REVIEW COMMITTEE U	ISE ONLY:		
The request for the above addition or alteration h		Date Received:	
Approved without exception			
Approved with the following terms and c	onditions:		
Denied for the following reason(s):			
Neighbors who may be affected by the proposed	alteration:		
ARC Signatures	ARC Printed Names	Date	