



# Architectural Change / Addition Request Form

*Work may not begin until proper approval is given.*

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

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

*Description and Exact location of improvement proposed. Please include architectural drawings, sketches, pictures, contractor's specifications, site plans, and list of materials.*

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*Proposed Start Date:* \_\_\_\_\_ *Proposed Completion Date:* \_\_\_\_\_

*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.*

**Return Form to: Lochinver Homeowners Association, Inc.  
Restrictive Covenants Committee  
P.O. Box 81222, Conyers, Ga 30013**

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### Architectural Control Committee Action

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

Approved                       Conditional Approval\*                       Denied\*

\*Required Explanation: \_\_\_\_\_

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Approved By: \_\_\_\_\_