The Glen
Homeowners Association of Citrus County, Inc.

ARCHITECTURAL CHANGE REQUEST FORM

For your protection and benefit, submit this Architectural Change Request (ACR) for any exterior improvement you are planning. No work should be started PRIOR to receiving ARC approval. The Architectural Review Committee (ARC) will review your request ensuring it meets the guidelines set in the associations governing documents., You will receive Approval or Denial in writing within 30-days of this request. Any work done prior to approval may be removed at the owner's expense. Any liability due to the architectural changes will be the owners responsibility.

Name: _____ **Dated Submitted__/___/___**

Address:_____

Lot Number: _____Phone Number: _____Cell:_____

Email Address: _____Association**: THE GLEN**

Briefly describe the proposed change: _____

_____

_____

_____

_____

_____

Will there be changes or modification in basic utility services or existing structures to accommodate the proposed change? Please indicate.

Exterior Walls	☐	Electrical	☐	Propane Tank	☐
Walkways/Pavement	☐	Water	☐		
Patio / Lanai	☐	Driveway	☐		

Other:_____

Please list major material to be used on project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible).

_____

_____

_____

_____

If project is an addition or alteration that changes the appearance of your lot, attach the following information.

- ✓ Plot plan showing the location and dimensions of the proposed project.
- ✓ Blueprints or working drawings showing all necessary dimensions and elevations.
- ✓ If available, a photograph or drawing of a similar completed project.

Project Schedule:

The project will be done by: Homeowner ☐ Contractor ☐ Both ☐

Contractor Name:

_____

Start Date: __/___/___ Estimated Completion Date: ___/___/____

NOTE:

All documents remain the property of the Board. Keep a copy for your personal records.

I hereby acknowledge that I have read and understand the Architectural standards set forth in the Declaration of Covenants and Restrictions (CCR's).

Owner(s) printed Name:
_____

Owner(s) Signature:
_____

Owner(s) printed Name:
_____

Owner(s) Signature:
_____

ARC/CAM ONLY

ARC / CAM / BOARD OF DIRECTORS ACTION:

Date ARC met with owner(s): __/__/__ ARC Name: _____

Date site visit by CAM: __/__/__ CAM Name:_____

ARC BOARD RECOMMENDATION: Date: ___/___/___

Approved as submitted ☐

Deferred ☐ Additional information required ☐

Approval with changes listed in comments ☐ **DENIED** ☐

Comments:_____
_____
_____
_____

BOARD APPROVAL DATE: **Date:___/____/____**

ARC/BOARD WRITTEN APPROVAL TO OWNER: **Date:___/____/____**

FINAL REVIEW PROJECT COMPLETION VISIT ARC & CAM:

Date: _/__/__ ARC SIGNATURE: _____

Date: __/__/__ CAM SIGNATURE: _____