## **KNIGHTS BRIDGE**

## **IMPROVEMENT REQUEST FORM**

In accordance with the recorded covenants, conditions and restrictions of the association, and to protect each individual owner's rights and values, it is required that any owner who is considering exterior modification of their deeded property submit the following to the Architectural Control Committee <u>prior to initiating work on the planned improvements:</u>

O A completed Improvement Request Form (ONE EXTERIOR MODIFICATION PER REQUEST FORM, multiple

modifications submitted on o	ne form will be rejected).
O Complete and detailed buildin	ng plans, material listing and any specifications.
O A property site/survey plans s	howing the location of the proposed improvement.
	ATTACHMENTS (ITEMS ABOVE) PRIOR TO CONSTRUCTION MAY RESULT IN DENIAL INT. If any change is made without approval, the Committee has the right to tel
the homeowner to remove the impro	evement from their property.
PLEASE PRINT THE FOLLOWING INFOI	RMATION:
Owner Name:	
Property Address:	
Phone Number:	
Email Address:	
BRIEFLY DESCRIBE THE IMPROVEMEN	
OCATION OF IMPROVEMENT (CHECK	( ACTUAL AREAS THAT APPLY):
Front of dwelling	Back of dwelling
Side of dwelling	Roof of dwelling
Garage	O Patio
Other (Describe)	
MATERIAL TO BE USED FOR THE IMPF	ROVEMENT (CHECK APPLICABLE ITEMS):
Brick (Color)	Cement/Stucco
Wood (Type/Color)	
Paint (Color)	
Other (Explain)	Glass

Will this project require fence removal? YES /	NO								
Will this project be visible from the street? YES / NO									
Building permit applied for? YES / NO / NOT APPLICABLE									
Consent is required from any adjacent properties that will be most affected and/or have a view of your proposed change. Should one of your neighbors disapprove, please indicate with the reason for their disapproval noted. Their signatures indicate an awareness of your intent and do not constitute or indicate approval or disapproval by the committee.									
(Neighbor's Signature/Address/Phone Numbe	ır)								
(Neighbor's Signature/Address/Phone Numbe	er)								
(Neighbor's Signature/Address/Phone Numbe									
(Neighbor's Signature/Address/Phone Numbe	ır)								
O I agree not to begin the property Committee and the Board of Directors.	improvement without written app	proval from the Architectural Control							
		uirements, and that the Architectural							
Control Committee approvals do not override	the City or County codes, but rather	are intended to work with them.							
Owner's Printed Name	Signature	Date							
Owner's Printed Name	Signature	Date							
Construction Start Date	Estimated Completion Dat	te							
Once this form is completed, please upload it and any attachments to <a href="https://www.townsq.io">www.townsq.io</a> by clicking the									

ADDITIONAL INFORMATION FOR THE IMPROVEMENT:

Applicable deed restrictions read? YES / NO

(Below is for ACC Committee Use Only)

Architectural Review tab on the left side of the main screen and

selecting the **Submit Project** button.

ACC Decision:	APPROVED	/ A	PPROVED WITH CO	NDITIONS	/	DENIED /	•	DENIED FOR MORE INFORMATION		
ACC Chairperson or Representative:										
Rationale:										