The Rapids of Keefer Creek Comm. Assoc. Architectural Change Request

Name:						
Address:					<u> </u>	
Phone:					_	
Email:					_	
Lot Number:						
Briefly describe t	he propose	ed change:				
	-		s in basic utility services	or existing	structures to	
accommodate the		_	lease indicate below:			
T01	Yes	No	T . ' TT 11	Yes	No	
Electric			Exterior Walls			
Telephon	e		Patio Fencing			
Gas			Patio Slab			
Water			Sidewalks			
Sewage			Pavement			
TV Cable			Other			
D1 1: 1	41	4 4		1 ! 4	l.::	_
			on materials which will b			
		r materiais	must conform to those u	ised on the	e original bullding	g or be
sufficiently comp	atible.					

If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information.

- a) Plot plan indicating the location and dimensions of the project.
- b) Blueprints or working drawings indicating all necessary dimensions and elevations.
- c) If available, a photograph or drawing of a similar completed project.

Proje	ct Schedule:
1) The	e project will be done by: homeowner
	Contractor(s)
	ase indicate the approximate time needed to complete the project, subsequent to the siation's approval.
3) Ple	ase indicate any building permits that will be required:
***	NOTE: All submitted materials shall remain the property of the Association. You may wish
	to make a copy for your personal records.
	eby acknowledge that I have read and understand the Architectural Standards set by the Association, as well as the Declaration of Covenants and Restrictions.
Home	eowner's Signature: Date:
PO Bo	s of Keefer Creek Comm. Association ox 652 ertown, IN 46748 Cassociation@outlook.com
	DO NOT WRITE BELOW

()	Approved as submitted
()	Deferred
	() Additional information required:
	() Other:
()	Denied
	Comments:
Signe	• —————————————————————————————————————
Position	on: