

ARCHITECTURAL REVIEW COMMITTEE

MODIFICATION REQUEST FORM

	Date:		
	Name:	Email:	
	Address:	Phone::	
	MODIF	CATION REQUESTED	
[]	Painting / Repainting [] Trim [] Siding (Paint manufacturer & color reference number	rs)	
[]	Fences (Specify wood type; style; height & sketch on a	scaled plan)	
[]	Landscaping (includes adding borders ar (Specify & Sketch)	ound trees/shrubs)	
[]	Roof (Manufacturer, Shingle Type, & Color – see D	esign Standards on www.turnburyoaks.net)	
[]	Screening (Specify material, style, & elevations)		
[]	Structure Addition/Modification (<i>Plans – 1 set</i>)		
[]	Tree Removal (Picture of tree(s) – must also submit landscape plan	ν)	
[]	Driveway Replace / Resurface (Company Name and Sketches)		
[]	Recreational Equipment (Kind & Location)		
[]	Other (Appropriate Description)		

Fill In: Proposed Project Start Date: Attach additional information if necessary

PLEASE SEND FORM VIA ONE OF THE FOLLOWING METHODS:

MAIL:

Turnbury Oaks HOA, Inc. P.O. Box 921301 Norcross, GA 30010-1301 EMAIL: contact.arc.tohoa@gmail.com

HAND DELIVER:

Attn. ARC Committee

Karen Ellers, 5005 Riverthur Place



ARCHITECTURAL REVIEW COMMITTEE ACTION

Date Received:	[] By Mail	[] By Email	[] Hand Delivered		
Date Reviewed:					
ARC Reviewer(s) /		/			
Date Responded:	(Within 30 days of	receipt)			
[] Approved []	Conditionally App	roved [] Not Approved		
REVIEWER EXPLANATION:					