

**ARCHITECTURAL MODIFICATION REQUEST  
INSTRUCTIONS**

1. Complete, sign and date the Architectural Modification Request form with all applicable documentation.
2. Please allow up to 30 days for review of this request. You will be notified in writing, via U.S. mail, of approval or disapproval.
3. Requests must include, without limitation, the following information: site plan (including lot and house dimensions), construction plans and details, color chips, material list, information required by the covenants and architectural design guidelines, pictures of similar modifications (if applicable) and any other information that may help represent your modification and assist with the review process.
4. Please return the completed request with all applicable documentation to your Association Manager via email, fax or U.S. mail.

# GLEN BROOKE

## REQUEST FOR ARCHITECTURAL MODIFICATION

Instructions for Completing Request for Architectural Modification Form: Please complete this form and provide all necessary information as noted in Glen Brooke's Covenants and Design Guidelines. For faster response, please communicate by Email.

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

*Please provide all the information necessary to evaluate the request thoroughly. If applicable, requests must include, without limitation, the following information: Site plan (including dimensions), color chips (if applicable), detailed description of request, list of specific materials, pictures (if applicable), and any other information as specifically required below or as required by the Covenants or approved Design Guidelines.*

**FENCES**  
(Specify materials, style, & sketch)

**DETACHED BUILDING**

**STRUCTURAL ADDITION OR MODIFICATION** (Plans - 2 Sets; include materials, colors)

**POOLS & SPAS**  
(Plans - 2 Sets)

**LANDSCAPING** (Sketch if needed)

**TREE REMOVAL/REPLACEMENT**

**PAINTING/REPAINTING**  
(Paint Mfg. & color samples)

**RECREATIONAL EQUIPMENT**  
(Playhouse, Tree House, Sport/Tennis Court, Play equipment, Trampoline, etc.)

**OTHER** \_\_\_\_\_

**DECK/PATIO ADDITION**  
(Specify material, style & elevations)

**ROOF**  
(Mfg., Type, & Color)

\_\_\_\_\_  
(Provide Description)

**ESTIMATED START DATE** \_\_\_\_\_

**ESTIMATED COMPLETION DATE** \_\_\_\_\_

*Please provide detailed description of request (use additional page if necessary)*

*Please allow the maximum time of 30 days for review of this request. Additional information may be required after review. You will be notified once this modification is approved or disapproved.*

I understand and agree that no work outlined in this modification request shall commence until written approval has been received by the property owner. I represent and warrant that the requested modification(s) strictly conform to the Declaration of Covenants, Conditions, Restrictions and Guidelines for the Association. I further understand and agree that as the property owner, I am responsible for complying with all city, county, and state building and zoning regulations. I am responsible for obtaining any permits required to complete this modification request.

The Association's Board of Directors, Fieldstone Association Management nor their respective members, successors, designees or assigns shall be liable for damages or otherwise to anyone requesting approval of an architectural alteration by reason of mistake in judgment, negligence or nonfeasance, arising out of any action with respect to any submissions. The architectural review is directed toward review and approval of site planning, appearance and aesthetics. None of the foregoing assumes any responsibility regarding design or construction, including, without limitation, the structural integrity, mechanical or electrical design, methods of construction, or technical suitability of materials. I hereby release and covenant not to sue all the foregoing from/for any claims or damages regarding this request or the approval or denial thereof.

**HOMEOWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUBMIT COMPLETED FORM TO Fieldstone Association Management:**

**MAIL:**  
2675 Paces Ferry Road, Suite 125, Atlanta, GA 30339

**FAX:**  
678.819.5366

**EMAIL:**  
Association Manager Email

**This section for use by FAM**

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

By Mail     By Fax     By Email

Reviewer: \_\_\_\_\_

Response Date \_\_\_\_\_

**Approved**     **Conditional Approval** (Explanation below)     **Disapproved** (Explanation below)

Per Covenant/Guideline # \_\_\_\_\_ Conditions, Comments or Additional Instructions: \_\_\_\_\_

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