***EAST ASHLEY PLACE HOMEOWNERS ASSOCIATION***

***ARCHITECTURAL CHANGE APPLICATION***

The Indenture of Restrictions requires that all proposed exterior additions, changes and alterations to your house and or lot be submitted to the Architectural Review Committee / Board of Directors for approval. Your application must include detailed information describing the proposed changes. **It is the responsibility and obligation of the owner to obtain all required building permits, to contact the utility and cable companies, and to construct the improvements in a workmanlike manner in conformance with all applicable building and zoning codes.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF PROPOSED CHANGE**

\_\_\_\_ Home Addition \_\_\_\_ Swimming Pool \_\_\_\_ Fencing/Retaining Wall

\_\_\_\_ Sunroom/Patio Cover \_\_\_\_ Deck/Patio \_\_\_\_ Other

Description of Proposed Change:

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**Required Documents For Consideration:**

* SITE PLAN Show improvement in relation to the home and setbacks.
* ADDITIONAL INFORMATION Include sketches, clippings, pictures and or catalog illustrations.
* PERMITS Include copies of City / County Work Permits

This form along with all supporting documents can be mailed faxed or e-mailed to Alpha Real Estate Group, LLC 5988 Mid Rivers Mall Drive Saint Charles, Missouri 63304 / 636-441-9200 (office) / 636-441-6881 (facsimile) Richard.Rowe@AlphaRealEstateGrp.com (e-mail).

***OFFICIAL USE***

***TRUSTEE APPROVAL / REJECTION***

***\_\_\_\_\_\_\_ APPROVAL***

***\_\_\_\_\_\_\_ REJECTION***

***\_\_\_\_\_\_ City Permit Not Included In Request***

***\_\_\_\_\_\_ Improvement Does Not Confirm To the Indenture***

***\_\_\_\_\_\_ Additional Information Requested Other***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***AUTHORIZED SIGNATURES DATE***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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