Sturnbridge Homeowners Association

Architectural Control Form

| Resident Information: | |
|-----------------------------|--|
| Name: | |
| Addres | s: |
| • Phone | Number: |
| • Email: | |
| Description of | f Proposed Improvement/Modification: |
| • Type o | f Improvement/Modification (e.g., fence, painting, addition, landscaping): |
| • Detaile | d Description of the Project: |
| | |
| • Materia | als to be Used: |
| Color(s | s) to be Used: |
| Dimens | sions (if applicable): |
| • Location | on on Property: |
| Attachments (| (please include): |
| • Site Pla | nn/Survey: □ Yes □ No |
| • Drawin | gs/Sketches: □ Yes □ No |
| Materia | al Samples: □ Yes □ No |
| | ∵ □ Yes □ No |
| | |
| Contractor In | formation (if applicable): |
| • Name of | of Contractor: |
| Addres | S: |
| • Phone | Number: |
| • Email: | |

| • | Estimated Start Date: | | |
|----------|--|--|--|
| • | Estimated Completion Date: | | |
| Ackno | Acknowledgment and Agreement: | | |
| I, the i | undersigned, understand and agree to the following: | | |
| 1. | No work shall commence until written approval is received from the Sturnbridge Homeowners Association Architectural Control Committee. | | |
| 2. | All work will be done in accordance with the approved plans and specifications. | | |
| 3. | I am responsible for complying with all local zoning and building regulations and obtaining all necessary permits. | | |
| 4. | I will notify the Sturnbridge Homeowners Association upon completion of the project for a final inspection. | | |
| Signat | ure: Date: | | |
| _ | | | |
| | turnbridge Homeowners Association Use Only: | | |
| | turnbridge Homeowners Association Use Only: | | |
| For S | turnbridge Homeowners Association Use Only: Date Received: | | |
| For S | turnbridge Homeowners Association Use Only: | | |
| For S | Date Received: Received By: | | |
| For S | Date Received: Received By: Architectural Control Committee Decision: \(\to \) Approved \(\to \) Denied \(\to \) Approved with | | |
| For St | Date Received: Received By: Architectural Control Committee Decision: \(\to \) Approved \(\to \) Denied \(\to \) Approved with Conditions | | |
| For St | Date Received: Received By: Architectural Control Committee Decision: \(\to \) Approved \(\to \) Denied \(\to \) Approved with Conditions | | |

Project Timeline:

Please submit this form along with all required attachments to the Sturnbridge Homeowners Association office. Thank you for helping us maintain the aesthetic and structural integrity of our community.