

CAMBRIDGE FARMS SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.
c/o ACC
ACCcambridgefarmshoainc@gmail.com
ARCHITECTURAL CHANGE REQUEST FORM - GENERAL

NAME: _____

Phone: _____

Address: _____

(Please print) Proposed Alteration(s):

(1) Describe the alteration in detail - size, color, materials, etc.

(2) Attach a sketch and site plan along with contractor's specifications

All improvements must be in compliance with State of Georgia and Jackson County Building Codes & Regulations, and is the responsibility of the owner.

Improvement(s) must be completed within 90 days of the ACC approving the request.

Declarant and Association shall not be liable for any claim, loss, damage, or liability whatsoever arising from the improvements being made to the home.

Agreed to this _____ day of _____, 2____.

By: _____ by: _____

(Owner's signature)

(Owner's signature)

Print Name: _____ Print Name: _____

APPROVED: _____ DISAPPROVED: _____ (if disapproved, give reasons in the "REMARKS" section or on the reverse side) REMARKS:

CAMBRIDGE FARMS SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

By: _____ DATE: _____

By: _____

Revised: August 2018

