

CAMBRIDGE FARMS SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.  
ACCcambridgefarmshoainc@gmail.com  
**ARCHITECTURAL CHANGE REQUEST FORM - POOL**

LOT# \_\_\_\_\_  
NAME: \_\_\_\_\_  
(Please print)

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

Please submit the following with your request form:

- 1) Site plan showing pool location, manufacture, size, decking or landscaping, enclosure (if applicable), pool equipment, shrubs, materials, etc. If a screen enclosure is requested the following must be submitted:
- 2) Elevations or sections of enclosure
- 3) Materials and color of enclosure

**Notes:**

**Approved roof surfaces are limited to conventionally framed roof structures with shingles to match the existing home. Shrubs are required to screen all pool equipment and retaining walls (if required) from view.**

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: \_\_\_\_\_