

HAMPTON OAKS COMMUNITY ASSOCIATION
ARCHITECTURAL CONTROL
MODIFICATION APPROVAL FORM

NAME _____ DATE _____

ADDRESS _____ PHONE _____

MODIFICATION(s) REQUESTED

One form per modification

(Your request will not be received if more than one modification is included on this form)

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_____ **FENCES**
(Specify materials, Style & Sketch on plat)
(Copy of survey and Fulton County Building Permit)

_____ **LANDSCAPING**
(Specify ID & Sketch)

_____ **POOLS & SPAS**
(Plans – 2 sets)

_____ **RECREATIONAL EQUIPMENT**
(Kind & Location)

_____ **REPAINTING**
(Paint Manufacturer & Color)

_____ **ROOF**
(Manufacturer, Type & Color)

_____ **SCREENING**
(Specify Material, Style & Color)

_____ **STRUCTURE ADDITION**
(Plans – 2 sets)

_____ **STRUCTURE MODIFICATION**
(Plans – 2 sets)

_____ **TREE REMOVAL**
(Sketch)

_____ **WATERFRONT LAND**
(Type Change & Sketch)

_____ **OTHER**
(Appropriate Description)

MODIFICATION(s) DESCRIPTION (attach additional information if necessary)

Expected Start Date _____

Expected Complete Date _____

Return Form to:

Hampton Oaks Community Association
c/o Atlanta Executive Property Management
Attn. Gabriella D. Tory
P.O. Box 491809 College Park, GA 30349
Telephone: (678) 235-2270 *ext.101
Fax (678) 235-2285

ARCHITECTURAL CONTROL ACTION

Date Received _____

() In Person

() By Mail

Date Reviewed _____

Date Responded _____

Reviewer _____

() Approved

() Disapproved*

() Conditional Approval *

* (Requires Explanation)

RETAIN COPY OF APPROVAL FORM, LETTER AND ATTACHMENTS FOR YOUR FILES