

HAMLET OF AVALON
MODIFICATION REQUEST APPLICATION

DATE: _____

OWNER(S): _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ E-MAIL: _____

NATURE OF MODIFICATION OR IMPROVEMENT:

The plans and specifications showing the nature, kind, shape, height, materials and location of the changes must be attached to this application. If approved, I agree to execute the modifications in accordance with this application and the attached detailed plans and specifications.

SIGNED: _____

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INTERNAL USE ONLY

APPROVED: _____ DISAPPROVED: _____ MORE INFO REQ'D: _____

BOARD OR COMMITTEE MEMBER APPROVAL/DISAPPROVAL DATE: _____

COMMENTS OR

STIPULATIONS: _____

RETURN THIS COMPLETED FORM WITH ATTACHMENTS TO HAMLET OF AVALON HOA, 307 HAMLETS END WAY, FRANKLIN, TN 37067 OR E-MAIL TO STAN.SLIWINSKI@GMAIL.COM. PLEASE CONTACT STAN SLIWINSKI AT THIS E-MAIL IF YOU HAVE ANY QUESTIONS REGARDING SUBMISSION OF THIS FORM.

PLEASE ALLOW THIRTY (30) DAYS FOR APPROVAL/DISAPPROVAL/ AND OR ADDITIONAL REQUEST FOR INFORMATION ONCE COMPLETE APPLICATION IS SUBMITTED.