



ADDENDUM V

APPLICATION FOR THE MODIFICATIONS OF EXISTING APPROVED PLANS

LOT _____ MEMBER _____ DATE: _____

MAILING ADDRESS: _____ PHONE: _____ EMAIL: _____

DESIGNER/CONTRACTOR: _____ PHONE: _____ EMAIL: _____

REVIEW FEE (IF REQUIRED): ☐ _____ DATE RECEIVED: _____

MODIFICATION/IMPROVEMENT REQUEST:

REQUIRED FOR SUBMITTAL OF REQUESTED CHANGE:

☐ PLOT PLAN/DRAWING - DIMENSIONS (PROPERTY LINE & BLDG ENVELOPE) ☐ COLOR/MATERIALS

CUT SHEET/SAMPLES ☐ ELEVATIONS / DETAILS

ATTACHMENTS/SUBMITTAL SAMPLES:

I acknowledge that I have read and understand the KEOA Architectural Guidelines, Requirements & Restrictions

MEMBERS SIGNATURE(S) _____

Review Committee Comments: ☐ APPROVED ☐ NOT APPROVED

Architectural Chair Signature _____ Date _____

Comments and/or Conditions _____
