



Architectural Request for Modification Form

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

Date Received: _____ Date to Committee: _____

Description of Modification to Property: _____

(Note: Please attach supporting documents for your project to this document (i.e. Plat, Paint Swatches, Materials Description, Renderings/Drawings)

Proposed Start Date: _____ Proposed Date of Completion: _____

For Committee Use:

Please Review and Return the Committee's Decision to the Homeowner or HSC within 15 days.

Request Reviewed By: _____ Date: _____

- Approved**
- Denied**

Date of Decision: _____

Conditions for Approval or Denial: _____

Signature of Committee Chair: _____ Date: _____

Please Return Form & Supporting Documents to Steve Osterbur SOsterbur@TributaryGA.com