

SPRING MEADOW HOMEOWNERS ASSOCIATION

Architectural Compliance Committee

Modifications Request Form

NAME _____ DATE _____

PHONE _____ EMAIL _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

Please Indicate Requested Modification with an "X" in the Corresponding Box

Paint Color	Roofing	Landscaping
Awning/Pergola/Trellis	Lighting	Tree Removal
Deck	Screening	Other (Please Specify)
Exterior Finish/Siding	House Expansion	
Sheds/Outbuildings	Property Line Adjustment	

Please Provide a Brief Description of the Proposed Modifications _____

I Have Read the CC&Rs Applicable to My Property YES NO

I Have Obtained Necessary City Approvals YES NO

I Have Attached the Following (Where necessary)

Paint Swatches YES NO

Site Plan YES NO

Elevation Drawing YES NO

Visual Simulation YES NO

Copy of City Approval(s) YES NO

SIGNED _____

Spring Meadow HOA, c/o: Hub City Management--- P O Box 733, Albany, OR 97321 --- 541-259-1284

DO NOT WRITE BELOW THIS LINE – FOR ACC USE ONLY

CONSIDERATION DATE (ACC) _____ HOA BOARD _____

ACTION APPROVED ____ DENIED ____ APPROVED with CONDITIONS ____

CONDITIONS _____

SIGNED _____

APPENDIX I

