Innisfree Homeowners Association Architectural or Grounds Modification Request Form

Name:		Date Submitted:
Address: _		Telephone No.:
Email:		
Type of R	equest:	
	Maintenance/Architectural	Committee Grounds Committee
preceding tl	ne month of the Board Meeting at w lation to the Board and the Board h	ne appropriate Committee Chair by the 20 th of the month which action will be taken. Once the Committee has made a as acted, you will be notified of the Board's decision by the
PLEA	SE DO NOT BEGIN ANY PROJEC	CT WITHOUT COMMITTEE AND BOARD APPROVAL.
Request:		g to clarify request. Also, it is recommended that you notify ur planned project. Use back of sheet if necessary)
Funding:	Request that funding be at the expe	ense of:
	Homeowner	Innisfree HOA
Estimated S	Start Date:	Estimated Completion Date:
expected to according	o complete the project within a o to the approved plans, the Owne	ee and the Innisfree Board of Directors, Owners are ne-year period. Should the project not be executed r will be required to make the corrections within a the Association will make the repairs at the Owner's
Owner's Si	gnature and Acknowledgement:	
Submit cor	mpleted for to the appropriate pe	rson noted below:
Frank Powe		Dianne Higgins, Chair
	ce/Architectural Committee	Landscape Committee
1 Innisfree Phone: 919	-401-3491	36 Innisfree Phone: 919-480-0069
	well38@nc.rr.com	Email: dhiggins1010@gmail.com
Date Plan A	approved:	By:
Data Fian Approvod.		