

**BRIGHAM LAKES  
HOMEOWNERS ASSOCIATION**

**ARCHITECTURAL REVIEW FORM**

**Please submit the completed form to the Covenant Committee/Design Review Committee @ P.O. Box 1684 \* Richmond Hill \* GA. \* 31324**

I would like approval for the following: \_\_\_\_\_ ADDITION or \_\_\_\_\_ MODIFICATION

\_\_\_\_\_ Exterior paint modification (attach color chips or paint sample)

\_\_\_\_\_ Landscape Modification

\_\_\_\_\_ Fence (attach building plans showing location, dimensions, color, height and materials)

\_\_\_\_\_ Garage (attach building plans showing location, dimensions, color, height, materials (must be the same as the exterior of the home), etc...)

\_\_\_\_\_ Other: Describe

Attached:

- \_\_\_\_\_ Building Plans
- \_\_\_\_\_ Site Plans
- \_\_\_\_\_ Building Permit
- \_\_\_\_\_ Electrical Permit
- \_\_\_\_\_ Plumbing Permit
- \_\_\_\_\_ Landscape Permit (if needed)
- \_\_\_\_\_ Brochure
- \_\_\_\_\_ Paint chips and/or samples
- \_\_\_\_\_ Photo of finished product
- \_\_\_\_\_ Other

Desired Start Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

**Conditions for Review and Approval**

- 1. Must meet all requirements of the Brigham Lakes Homeowners Covenants
- 2. All installations must be of professional design, quality and material
- 3. All installations must comply with local building codes and ordinances
- 4. Undersigned is responsible for including all appropriate information with application
- 5. While a response is usually within two weeks, 45 days is allowed for approval upon receipt of a completed form. The form will not be considered complete until all necessary information has been received.
- 6. Owner/Contractor is responsible for daily cleanup

I agree to all of the above conditions for review and approval. I understand that I am Responsible for all maintenance and repair of the requested site changes requested herein and such responsibility will be passed on to future homeowners of my property. This is my request for the review and approval of my application.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason if not approved: \_\_\_\_\_

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