

DATE: \_\_\_\_\_

ARDEN WOOD HOMEOWNERS ASSOCIATION  
APPLICATION FOR ALTERATION

**\*NO ALTERATION MAY BEGIN UNTIL APPROVAL IS GRANTED\***

1. \_\_\_\_\_  
Printed name of homeowner requesting approval Phone number(s)

2. \_\_\_\_\_  
Address of home where alteration will occur

3. \_\_\_\_\_  
Mailing address of homeowner

4. Type of alteration:  
Landscape  Building Exterior  Other (Please specify): \_\_\_\_\_

5. Location of alteration in or around your home:  
Front  Side  Rear  Other

If other, please specify: \_\_\_\_\_

6. Scope of Alteration: Please explain in detail what you are requesting permission to do - include approximate dimensions if appropriate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the type of materials (or shrubs) to be installed and/or removed and quantities of each material:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on next page)

8. Effect on the Existing Area: Explain if any existing elements will be affected by this alteration (will existing shrubs be moved, or part of existing porches be dismantled, etc.):

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9. Effect of alteration on neighbors to either side of your home:

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10. Signature of nearest neighbors to the right and left of your home signifying that, as a courtesy, the adjoining neighbors have been made aware of this alteration request.

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NOTE: If you are unable to obtain the signatures of one or both of your neighbors, you must explain the reason below:

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**12. If applicable, please attach a drawing showing all existing elements, including shrubs and porches in solid lines and proposed alterations in dotted lines. Include the first three feet of your neighbors' homes and yard in the drawing. Show distance from nearest existing elements to proposed additions or alterations.**

13. Expected start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

14. Additional Notes: \_\_\_\_\_

**Please attach drawings, brochures, pictures, etc. to this form.**

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE.

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Approved By: \_\_\_\_\_

Title: \_\_\_\_\_

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