

BRIDGEWATER HOMEOWNERS ASSOCIATION

Architectural Change Request Form

Name: _____

Lot #: _____ Purchase Date: _____

Address: _____ Avon, IN 46123

Home Phone: _____ Cell Phone: _____

1. Briefly describe the proposed change: _____

2. Please list type of trees or shrubs for landscaping: _____

3. Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change? If so, please indicate:

	YES	NO		YES	NO
Electric	_____	_____	Exterior Walls	_____	_____
Telephone	_____	_____	Patio Facing	_____	_____
Gas	_____	_____	Patio Slab	_____	_____
Water	_____	_____	Sidewalks	_____	_____
Sewage	_____	_____	Pavement	_____	_____
TV Cable	_____	_____	Other (Describe)	_____	_____

4. Please list below the major construction materials and colors that will be used in this project. Be as specific as possible (Exterior materials must conform to those used on the original building or be sufficiently compatible.)

5. Will any part of the proposed improvement extend beyond your property line?

YES _____ NO _____

If yes, please provide the following information on the affected homeowner below.

Name: _____ Lot #: _____ Phone: _____

Address: _____

6. Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer Easement, Landscape Easement, Landscape Preservation Easement, or Lake Easement shown on the plot of your lot?

YES _____ NO _____

7. If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information:

- A. Blueprints or working drawings indicating all dimensions and elevations.
- B. A photograph or drawing of a similar completed project.

8. Project Scheduled to Begin (following approval): _____

A. The work will be performed by:

_____ Homeowner
_____ Contractor Name: _____
_____ Both

B. Please indicate the approximate time needed to complete the project, subsequent to the committee approval:

C. When do you plan to start the work? _____

D. Please indicate any building permits that will be required:

_____ Permit Obtained? _____

Important Utility Number (call before digging): **1-800-382-5544** or submit online <https://indiana811.org/>

Note: A plot plan indicating the location and dimensions of the proposed improvement must be included for any architectural change request. This request form will be returned to you without approval if a plot plan is not included. **If you do not have a plot plan contact Hendricks County Recorders Office at (317) 745-9224**
NO plot plan is required if replacing an already existing fence with NO change to the location of the fence
If possible, include a photograph of a similar completed project. If that is not possible, include professional-quality blueprints or working drawings indicating all dimensions and elevations to scale.

Note: All submitted materials will be retained by the Association. You may wish to make a copy for your personal records.

Final Note: If you do not receive a reply within 15 days of submission please email arcindy@sentrymgt.com

*****SIGNATURE REQUIRED*****

Homeowner's Signature: _____

Date: _____

Mail or Email To: arcindy@sentrymgt.com
Sentry Management, Inc.
8425 Keystone Crossing, Suite 108
Indianapolis, IN 46240
PH: 317-251-9393