



KELLY PLANTATION

Requesting Homeowner Information:

Name: _____

Date: _____

Kelly Address: _____

Lot Number: _____

Are you re-painting the existing approved color palette? No Yes (please sign and submit)

Items to be Modified:	Color Selection:	Code:
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<input type="checkbox"/> Exterior Wall Surface _____	_____	_____
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<input type="checkbox"/> Trim _____	_____	_____
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<input type="checkbox"/> Shutters _____	_____	_____
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<input type="checkbox"/> Window Trim _____	_____	_____
--	-------	-------

<input type="checkbox"/> Entry Door _____	_____	_____
---	-------	-------

<input type="checkbox"/> Garage Door _____	_____	_____
--	-------	-------

<input type="checkbox"/> Door Trim _____	_____	_____
--	-------	-------

<input type="checkbox"/> Roof & Type _____	_____	_____
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<input type="checkbox"/> Soffit _____	_____	_____
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<input type="checkbox"/> Fascia _____	_____	_____
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<input type="checkbox"/> Light Fixtures _____	_____	_____
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<input type="checkbox"/> Shutters _____	_____	_____
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<input type="checkbox"/> Gutters _____	_____	_____
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<input type="checkbox"/> Satellite Dish _____	_____	_____
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<input type="checkbox"/> Other _____	_____	_____
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<input type="checkbox"/> Other _____	_____	_____
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Signature: _____

Date: _____

Please attach color swatches of proposed palette with description of items to be painted.

Please attach color pictures of each elevation “as is” prior to the project’s commencement.

For exterior fixtures, please provide a color picture of the item, or bring a sample to the meeting.



For Administrator Use Only

Received: _____ Processed: _____

Site Visit: _____ ARC Meeting: _____

Fee: \$0 \$150 Paid: _____

Inspection Required: Yes No Fee: \$120 Paid: _____

Compliance Deposit: \$500 Paid: _____

Results: Approved Denied

Reasoning: _____

Recommendation: _____

ARC Administrator: _____ Date: _____

Appealed: Yes No Date: _____ ARC Meeting: _____

Results: Approved Denied

Reasoning: _____

Recommendation: _____

ARC Administrator: _____ Date: _____