KELLY PLANTATION

Architectural Review Committee
Exterior Modification Request

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:
☐ Exterior Wall Surface _____	_____	_____
☐ Trim	_____	_____
☐ Shutters	_____	_____
☐ Window Trim	_____	_____
☐ Entry Door	_____	_____
☐ Garage Door	_____	_____
☐ Door Trim	_____	_____
☐ Roof & Type_____	_____	_____
☐ Soffit	_____	_____
☐ Fascia	_____	_____
☐ Light Fixtures _____	_____	_____
☐ Shutters _____	_____	_____
☐ Gutters _____	_____	_____
☐ Satellite Dish _____	_____	_____
☐ Generator _____	_____	_____
☐ Other _____	_____	_____

Signature: _____ Date: _____

Please attach color swatches of the proposed palette with a description of the 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.

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For Administrator Use Only

Received: _____ Processed: _____

Site Visit: _____ ARC Meeting: _____

Fee: ☐ $0 ☐ $250 Paid: _____

Inspection Required: ☐ Yes ☐ No Fee: ☐ $250 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: _____