

**Architectural Control Committee**  
**APPLICATION FOR ARCHITECTURAL CHANGE**

Please Return Request To;  
Dawn Til Dusk Property Management  
P.O. Box 421426  
Indianapolis  
IN  
46242-1426

Phone (317) 243-9498

E-Mail: DawnTilDusk@Comcast.net

1 Application Date: \_\_\_\_\_ Community: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3 Alternate Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4 Address \_\_\_\_\_  
Street City Zip

5 Model or unit type: \_\_\_\_\_ Lot # \_\_\_\_\_  
(Ranch / Two Storey)

6 Describe the proposed change in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change? Please indicate.

	Yes	No		Yes	No
Electric	_____	_____	Cable TV	_____	_____
Telephone	_____	_____	Exterior Walls	_____	_____
Gas	_____	_____	Patio Fencing	_____	_____
Water	_____	_____	Patio Slab	_____	_____
Sewage	_____	_____	Sidewalks	_____	_____
Drainage	_____	_____	Pavements	_____	_____

8 Please list the major construction materials which 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)

Fencing (Material; Height; Length) \_\_\_\_\_

Wall (Material; Height; Length) \_\_\_\_\_

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

9 Will the proposed project extend beyond your property line? Yes No

If YES, explain why & provide the names & address of affected homeowners.  
Explanation: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

- 10 Professional Services & Project Schedule:
- A. The project will be completed by: Homeowner \_\_\_\_\_  
 Contractor's) \_\_\_\_\_  
 Both \_\_\_\_\_
- B. List of Professional Services Contractors:  
 Contractor \_\_\_\_\_ Service \_\_\_\_\_  
 (Fencing / Concrete)
- Contractor \_\_\_\_\_ Service \_\_\_\_\_
- C. Please indicate the approximate time required to complete the project, subsequent to ACC approval \_\_\_\_\_

- 11 Attachments:
- A. **Plot plan** (required for all applications): You may obtain one from the Marion County by first calling the Planning & Zoning at 317-327-8700. In addition to the plot plan you may also provide a blueprint or hand drawn layout of the property showing existing structures & intended improvements. Show all applicable dimensions.
- B. **Permits** (as required by local government) If your improvement project requires a City or County construction permit (i.e. pool installation), those completed permits must be attached to this application.
- C. **Construction Specifications** (required for concrete work) If your improvement requires a City or County construction permit (i.e. pool installation), those completed permits must be attached to this application.
- D. **Photographs** (recommended) of similar construction projects.

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 NOTE: All submitted materials shall remain the property of the association. You may wish to retain a copy for your personal records.  
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I hereby acknowledge that I have read & understand the guidelines for the architectural improvements as stated in the Plat Covenants & Restrictions of my association.

Homeowners Signature: \_\_\_\_\_  
 (Do not write below this point)

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**WARNING: IT IS THE PROPERTY OWNERS RESPONSIBILITY TO DETERMINE IF THE GOVERNMENT BODY (MARION COUNTY / ETC) APPROVAL IS REQUIRED. APPROVAL BY THE APPROPRIATE GOVERNMENT BODY DOES NOT RELIEVE THE PROPERTY OWNER OF THE RESPONSIBILITY TO OBTAIN ACC APPROVAL NOR DOES ACC APPROVAL RELIVE THE PROPERTY OWNER OF THE RESPONSIBILITY TO OBTAIN GOVERNMENT BODY APPROVAL**