

SHELBORNE GREENE ARCHITECTURAL APPROVAL PROCEDURE & REGULATIONS

Requests for architectural approval for any such proposed improvements must be submitted on the Architectural Change Request Form. Should you need a copy of this form it can be obtained through Association Management, Inc. A copy of the plot plan for your lot (furnished to you by the builder at closing) must accompany your request and be marked to show the location where the proposed improvement (e.g., wall, fence, deck, patio) will be built. Also, please submit any additional drawings which may aid the committee in reviewing the proposed improvement. These may include such things as pictures of fence types, renderings of decks or plans for additional landscaping. All Architectural Change Requests should be mailed to: **Shelborne Greene Community Association, c/o Association Management, Inc., P.O. BOX 6210 Fishers, Indiana 46038 or fax to 317-915-0404.**

Please be aware that the Plat Covenants and Restrictions relating to your lot may contain restrictions on the use of the lot, including limitations or prohibitions against commercial use, detached accessory buildings and nuisances; restrictions relating to the use of Landscape Easements, Landscape Preservation Easements, Lake Easements, Sidewalk Easements and Utility, Drainage and Sewer Easements; and restrictions relating to temporary structures, vehicles parking, signs, mailboxes, garbage and refuse disposal, storage tanks, water supply and sewage systems, ditches and swales, driveways, awnings, fencing, swimming pools, solar panels and outside lighting. Prior to submitting any request for architectural approval, it is suggested that you review any of these restrictions which may be applicable to the improvement you are considering.

Approval of the Architectural Review Committee does not in any way relieve the homeowner from compliance with all Federal, State, County and City Regulations, Codes, Restrictions or Laws. Furthermore, it is the homeowner's responsibility to ensure that all covenants, conditions, restrictions and easements are in compliance. By completing the proposed project or improvement, the homeowner agrees to hold the Shelborne Greene Community Association, the Shelborne Greene Architectural Review Committee, and its officers and agents harmless from any action resulting from the homeowner's improvements on his/her property.

Once an architectural approval is granted, **it extends for one calendar year** from the approval date. Should the approved improvement(s) not be completed within the one year time frame, the homeowner must re-submit the request for re-approval.

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

SHELBORNE GREENE

HOMEOWNER REQUEST FOR ARCHITECTURAL CHANGE

1. Name _____ Phone# _____
Address _____
Lot # _____

2. Requesting architectural approval of the following:
_____ Improvement _____ Addition _____ Repair/Replacement

Briefly describe the proposed change: _____

Location: _____

Dimensions: _____

Please list below the major construction materials which will be used in this project. Be as specific as possible: _____

Requests for exterior color/material changes MUST submit samples of color, paint, brick

etc. (Exterior materials must conform to the original construction or be sufficiently compatible)

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

5. Will any part of the proposed improvement extend beyond your property line?
Yes _____ No _____. If yes, signature and address of the affected homeowner must be provided below:

Signature _____ Address _____

6. Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer 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. Elevations and Blueprints or working drawings indicating all dimensions
B. If available, a photograph or drawing of a similar completed project.

8. Project schedule:
A. The work will be performed by: _____ Homeowner
_____ Contractor Name: _____
_____ Both

B. **Subsequent to the committee approval**, please indicate the projected start date _____, and time required for completion _____

C. Please indicate all required permits (building, etc). _____

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the Committee and in the Declaration of Covenants, Conditions and Restrictions of Shelborne Greene.

Homeowner's Signature _____ Date _____

Office Use Only

Architectural Review Action:

Approved as submitted

Approved with restrictions as follows: _____

Deferred; please supply additional information: _____

Denied; ARB comments: _____

ARB Signature: _____ Date: _____

Dear Homeowner:

Though the Request for Architectural Change is being processed by the Architectural Review Committee, you are required to sign the attached Easement Waiver. The Waiver must be signed and returned within 10 days. This signed document will protect you and the Shelborne Greene Community Association, Inc. and it will indicate that you have a full understanding of the responsibilities of developing an improvement into a known easement.

Since you are developing an easement, it is also your responsibility to have the utilities marked prior to commencing by calling "Holey Moley" Indiana Underground Services @ 800-382-5544.

EASEMENT WAIVER

This document is an acknowledgment that I/we, _____
NAME OF HOMEOWNER(S)

_____ the owner(s) of the property located at

_____ in _____, IN. Lot # _____
STREET ADDRESS CITY

in the Shelborne Greene Community Association, Inc. will be

Installing _____

that extends into a drainage and/or utility and/or sewage easement and accept full responsibility of any cost to replace this improvement if the utility company, developer, Association or other authorized party needs to gain access to that area by removal of said improvement.

Signature of Homeowner

Date

Signature of Homeowner

Date

Return this document to:
Association Management, Inc.
9099 Technology Lane
Fishers, Indiana 46038
FAX: 317-915-0404