

KENSINGTON FARMS HOMEOWNERS' ASSOCIATION
Architectural Change Request (ARC) Form

Please read thoroughly & submit all documentation to Sentry Management. Typical turnaround is 10 business days.

Name: _____

Lot #: _____ Purchase Date: ____/____/____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work phone: _____

1. Briefly describe the proposed change: _____

2. 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:	_____	_____

3. 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.)

4. 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: _____

5. 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___

6. 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. If available, a photograph or drawing of a similar completed project.

7. Project Schedule:

A. The work will be performed by:
_____ Homeowner
_____ Contractor Name/Company: _____
_____ 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, if applicable:

_____ Permit Obtained? _____

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Important Phone Number: Utility Number to call before digging 1-800-382-5544

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.

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

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

I hereby acknowledge that I have read and understand the Architectural Control Procedures set forth in the Declaration of Covenants, Conditions and Restrictions of Kensington Farms Homeowner's Association.

Homeowners Signature: _____

Date: ___/___/___

**MAIL. EMAIL OR FAX TO: Sarah Cross
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Indianapolis, IN 46240
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