

MONTCLAIR ASSOCIATION, INC.

ARCHITECTURAL MODIFICATION REQUEST FORM

Homeowners Name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Briefly describe the proposed modifications: _____

Who will do the actual work? _____

CHECK LOCATION OF MODIFICATION:

____ Front of House ___ Back of House ___ Side of House
____ Roof ___ Fencing ___ Garage
____ Other (Describe)

Homeowners Signature: _____ Project Start Date: _____

Please include a sketch or a copy of the project including materials and colors to be used.

RETURN TO: Montclair Association, Inc.

P.O. Box 204015

Augusta, GA 30917

*****DO NOT WRITE BELOW THIS LINE*****

ACCEPTED _____ DENIED _____ DATE _____

COMMENTS: _____

