

**BROOKSHIRE HOA  
ARCHITECTURAL CONTROL  
MODIFICATION APPROVAL FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

**MODIFICATION(S) REQUESTED**

\*\*\*\*\*

\*\*\*\*\*

	<input type="checkbox"/> FENCES (Specify materials, Style & Sketch on plat)	<input type="checkbox"/> LANDSCAPING (Specify ID & Sketch)
EQUIPMENT	<input type="checkbox"/> POOLS & SPAS (Plans - 2 sets)	<input type="checkbox"/> RECREATIONAL (Kind & Location)
	<input type="checkbox"/> REPAINTING (Paint Manufacturer & Color- Must Include the manufactures samples)	<input type="checkbox"/> ROOF (Manufacturer, Type & Color)
ADDITION	<input type="checkbox"/> SCREENING (Specify Material, Style & Color)	<input type="checkbox"/> STRUCTURE (Plans - 2 Sets)
	<input type="checkbox"/> STRUCTURE MODIFICATION (Plans - 2 sets)	<input type="checkbox"/> TREE REMOVAL (Sketch)
	<input type="checkbox"/> WATERFRONT LAND (Type Change & Sketch)	<input type="checkbox"/> OTHER (Appropriate Description)

---

**MODIFICATION(S) DESCRIPTION (attach additional information if necessary)**

Return Form to: 1465 Northside Drive \* Suite 128 \* Atlanta, Georgia 30318  
 Attn: Sally Mooney  
 smooney@cma-atlanta.com  
 Telephone: (404) 835-9174  
 Fax (404) 835-9200

**\*\*PLEASE MAKE SURE YOU HAVE INCLUDED ALL INFORMATION: PLATS, STYLES, MATERIAL, COLOR, AND PAINT MANUFACTURER SAMPLES. THE REQUEST MUST BE COMPLETE AND HAVE ALL OF THE REQUIRED INFORMATION BEFORE THE COMMITTEE CAN REVIEW.**

---

ARCHITECTURAL CONTROL ACTION

Date Received \_\_\_\_\_ ( ) in person ( ) by mail ( ) email ( ) fax  
 Date Reviewed \_\_\_\_\_ Date Responded \_\_\_\_\_  
 Reviewer(s) \_\_\_\_\_ ( ) Approved ( ) Disapproved \* ( ) Conditional Approval\*  
 (\* Requires Explanation)

RETAIN COPY OF APPROVAL FORM,