

**ROSEWOOD COMMUNITY ASSOCIATION  
APPLICATION FOR HOME IMPROVEMENT**

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

ADDRESS: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_  
WORK \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL: \_\_\_\_\_

**APPLICABLE ITEMS REQUESTED (please check):**

Modification to residence	_____	Fences/retaining walls/planters	_____
Landscaping	_____	Fence Staining	_____
Pool/Spa	_____	Patio Extension	_____
Arbor/Patio Cover	_____	Shed	_____
Basketball goal	_____	Trampoline	_____
Other Items:	_____		
Brief Description:	_____		
	_____		
	_____		
	_____		

**SPECIFICATIONS**

<u>Fencing:</u>	<u>Roof:</u>
Height _____	Material: _____
Length _____	Color: _____
Material _____	Warranty _____
Stain finish color _____	

<u>Building Exterior:</u>	<u>Other Structures:</u>
Material _____	Dimensions _____
Color Scheme _____	Siding Material/Color _____
Exterior Walls _____	Roof Material/Color _____
Trim _____	
Other _____	

<u>Playground/Recreational Equipment:</u>	<u>Patio Extension/Cover:</u>
Dimensions _____	Dimensions _____
Color _____	Color _____

<u>Arbor:</u>	<u>Landscape Improvements:</u>
Dimensions _____	Tree Types _____
Finish Color _____	Color _____
Pole Material _____	Dimensions _____
Roof Material _____	Retaining Walls/Planter Material _____
	_____

Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Owner's Acknowledgements: I understand: (Please initial each)

	that all proposed improvements must meet city, state and local codes. My signature indicates that these standards are met. I understand that all required permit(s) are my responsibility.
	that any variation from the original application must be resubmitted for approval.
	that no work on this request shall commence until written approval has been received.
	that any construction of exterior alteration undertaken by me or in my behalf before approval of this application is not allowed; that if alterations are made, I may be required to return the property to its former condition at my own expense if this application is denied wholly or in part, and that I may be required to pay all legal expenses incurred.
	that any approval is contingent upon construction and alterations being completed in a workmanlike manner.
	that there are architectural requirements covered by the Covenants and a review board process as established by the Board of Directors.
	that nothing herein contained shall be construed to represent that alterations to land or buildings in accordance with these plans shall not violate any of the provisions of building and zoning codes of the county to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions.
	work has already been completed/started.

Please obtain your neighbors' signatures prior to submitting this application. It is a common courtesy to your neighbor to make them aware of your intent to make a change to your property. Neighbor signatures only indicate their awareness and in no way constitutes their approval or disapproval or that of the Committee or Board of Directors.

Neighbor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

Neighbor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

Neighbor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

A complete set of working plans must be filed with this application (this should include plat plans, building floor plans, complete building elevations, dock, grading and improvement plans and specifications). Samples of roofing materials and exterior color samples must be submitted and approved before use. Additionally, landscape plans (including landscape and softscape) must be included with the final submittal.

Signature of Owner(s) \_\_\_\_\_ Print Name(s) \_\_\_\_\_  
 \_\_\_\_\_

Please return this application to: Rosewood Community Association  
 P. O. Box 40  
 Douglasville, GA 30133

ROSEWOOD COMMUNITY ASSOCIATION  
ARCHITECTURAL CONTROL COMMITTEE (USE ONLY)

Homeowner's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Committee Action: \_\_\_\_\_ Approve \_\_\_\_\_ Denied \_\_\_\_\_ Incomplete

Stipulation/Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_