SMOKERISE PLANTATION HOMEOWNERS ASSOCIATION, INC

Architectural Review Request Form

Applicant		-	
Address			
Contact Number			
Email Address			
Type of Modification (including tree removal)			
Description of Project			
Project Start Date:	Project End Dat	e:	

Please attach or include the following information where applicable:

- A site plan or survey showing the footprint of the house and location of the proposed modification.
- Detailed plan and elevation drawings for additions, decks, remodeling projects and outdoor
- features such as a fireplace, arbor or gazebo.
- Detailed layout drawings for swimming pools, water features, landscape and hardscape.
- Photos, sketches, catalog illustrations or other visual representations of the proposed modification.
- Color or material samples for paint, stain, shingles and finish materials.
- Type of tree, location of tree, diameter of tree at breast height (dbh), reason for removal and picture of tree.

By Mail:	Smokerise Plantation HOA, Inc. P.O. Box 143089 Fayetteville, GA 30214	Contact: Email: By FAX:	Jenna Perry jperry@camga.com 770-692-0156	
Applicant Sig	gnature	Date		-
COMMENTS	5			
APPROVED I	BY	DATE		

Submit your completed Request Form with the necessary information:

Pease note that the HOA has 60 days to respond to any modification request per the Association's covenants and bylaws. Some requests may require additional approval from Peachtree City.