**FOX BRANCH OWNERS ASSOCIATION**

# **APPLICATION FOR MODIFICATION(S)**

NAME: \_\_\_\_**Patrick McDougal**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_**109 Red Fox Run**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PHONE: **(985) 792-5807**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_**mcdougpw@aol.com**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PLEASE REFER TO YOUR COPY OF THE COVENANTS AND RESTRICTIONS BEFORE COMPLETING

MODIFICATIONS REQUESTED (Include specific details of material, colors, styles, etc.)

( ) **FENCES:** Specify materials, height, style and sketch to scale on

 copy of survey, use photos or drawings.

( ) **LANDSCAPING:**  Statuary, fountains, decorative structures, etc. to be

 depicted with photo, drawings and location indicated

 on survey.

( )  **POOLS & SPAS:** Provide plans and specifications. Also include all

 fencing, decking & railing modifications, two (2) sets.

( ) **RECREATIONAL EQUIP.**: Specify manufacturer, type and location on survey.

( ) **REPAINTING:**  Paint manufacturer, type and color.

( ) **ROOF**: Manufacturer, type and color.

( ) **SCREENING & LATTICE**: Specify material, style, color, location & elevation.

( )  **STRUCTURAL ADDITION/** Provide plans and specifications, two (2) sets.

 **MODIFICATION**:

( )  **TREE REMOVAL:** Sketch the tree location on a copy of the survey.

( X )  **OTHER:**  Submit appropriate information and detailed description.

ADDITIONAL COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shed Shed to be similar to Donna Heberts . 12 x 16**

**Vinyl siding roofing and colors to match my house.**

**No Sketch or plans yet**

DATE TO START PROJECT: \_\_\_\_ASAP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_2 weeks\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FOR MODIFICATIONS CONTINUED:

For your protection, inquire with the proper authority, either city or parish, regarding permit requirements before starting any work on your property. Projects involving new construction, additions, alterations, or any modification to structural, electrical, heating, water, gas or sanitary plumbing systems will most likely require a permit.

### INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING

I further understand and agree that no work on this modification request shall commence until written approval of the ACC has been received by the property owner. I represent and warrant that the requested modifications strictly conform to the Declaration of Covenants, Conditions, Restrictions and Guidelines for Fox Branch Owners Association. I further understand and agree that as the property owner, I am responsible for complying with all city and/or parish building and zoning regulations.

Property Owner’s Signature: **Patrick McDougal** (signed online)\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to:**

Fox Branch Owners Association

C/o GNO Property Management

826 Union Street

Suite 200

New Orleans, LA 70112

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**TO BE COMPLETED BY ARCHITECTURAL CONTROL COMMITTEE**

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Action:

\_\_X\_\_Approved as Submitted

\_\_\_\_\_Conditionally Approved

\_\_\_\_\_Disapproved

\_\_\_\_\_Deferred Until \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Withdrawn

\_\_\_\_\_Returned for insufficient information

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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