

**ATLANTA EXECUTIVE PROPERTY MANAGEMENT
ARCHITECTURAL CONTROL
MODIFICATION APPROVAL FORM**

NAME _____ DATE _____

ADDRESS _____ PHONE _____

ASSOCIATION _____

MODIFICATION(s) REQUESTED



_____ **FENCES**
(Specify materials, Style & Sketch on plat)
(Copy of survey and Fulton County Building Permit)

_____ **LANDSCAPING**
(Specify ID & Sketch)

_____ **POOLS & SPAS**
(Plans – 2 sets)

_____ **RECREATIONAL EQUIPMENT**
(Kind & Location)

_____ **REPAINTING**
(Paint Manufacturer & Color)

_____ **ROOF**
(Manufacturer, Type & Color)

_____ **SCREENING**
(Specify Material, Style & Color)

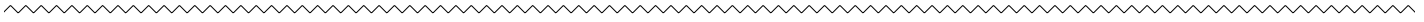
_____ **STRUCTURE ADDITION**
(Plans – 2 sets)

_____ **STRUCTURE MODIFICATION**
(Plans – 2 sets)

_____ **TREE REMOVAL**
(Sketch)

_____ **WATERFRONT LAND**
(Type Change & Sketch)

_____ **OTHER**
(Appropriate Description)



MODIFICATION(s) DESCRIPTION (attach additional information if necessary)

Expected Start Date _____

Expected Complete Date _____

Return Form to:

**Atlanta Executive Property Management
Attn. Gabriella Tory
P.O. Box 491809 | College Park, GA 30349
Telephone: 678.235.2270 | Fax 678.235.2285**

ARCHITECTURAL CONTROL ACTION

Date Received _____ () In Person () By Mail

Date Reviewed _____ Date Responded _____

Reviewer _____ () Approved () Disapproved* () Conditional Approval *
* (Requires Explanation)

RETAIN COPY OF APPROVAL FORM, LETTER AND ATTACHMENTS FOR YOUR FILES