

# HAYNES CROSSING

## ARCHITECTURAL CHANGES AND OUT-BUILDING REQUEST APPLICATION

Date:	Building Permit # <b>REQUIRED:</b>
Owner:	Address:
Home Phone:	
Work Phone:	
Nature of change or addition:	
Color of Application:	
Location on property:	
Dimensions (if applicable):	
Type of material used:	
Contractor:	Approximate Cost:
Contractor's Phone number:	Scheduled completion date:

*Please attach a drawing of the architectural change to the property (or picture of the proposed out-building) to this application. If the current plan is approved, you agree that no changes will be made without prior written approval. Please allow 7-10 business days for a response.*

Application should be mailed to:

**Haynes Crossing HOA, P.O. Box 1762, Spring Hill, TN 37174**

If you have any questions please contact the HOA at 615-302-0896

For office use only:

Date received:	_____ Approved    ___ Disapproved Date:
Comments:	