## TWIN FORKS ESTATES ARCHITECTURAL CONTROL FORM (1-29-24 REVISED)

Please complete and return this form to <a href="mailto:twinforksleakey@gmail.com">twinforksleakey@gmail.com</a>, ACC in subject line prior to building or adding any of the following structures to your property as per FCIA By-Laws, Covenants, Conditions and Restrictions. These CCR's can be found on the website, twinforksleakey.com. A construction fee will be added if applicable.

| DATE   | NAME                           |                            |
|--|--------------------------------|----------------------------|
| TWIN FORKS PHYSICAL ADDRESS, LO              | T, Street Address              | <b>.</b>                   |
| Contact information: Phone                   |                                |                            |
| Home address                                 |                                | -                          |
| Email address                                |                                |                            |
| NATURE OF REQUEST: (please check)            |                                |                            |
| Home building                                | Mobile Home                    | Barn                       |
| Storage building                             | Driveway                       | Patio                      |
| Deck /porch                                  | Outdoor Enclosure (gro         | eenhouse, outdoor Kitchen) |
| Fence/Wall                                   | Carport                        | Garage                     |
| Addition to home or mobile                   | Mobile Home pad                | RV pad                     |
| Swimming Pool (in ground)                    |                                |                            |
| Type of home: Foundation Pier and bea Sq. fe |                                | nges, attics               |
| Mobile Home: year (M                         | ust be in "like new" condition | )                          |
| Dimensions color Manufacturer                |                                |                            |
| Enclose picture with this application.       |                                |                            |

**Other Structures:** 

| Description includes outside dimensions, materials, and color |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
|   | ted date of starting building or delivery  |  |  |  |  |
| Signati   | ure of Owner   |  |  |  |  |
| INSTRU  | CTIONS FOR SUBMISSION:   |  |  |  |  |
| 1)  | 1) Complete and submit this form prior to any construction, destruction or move in of any pre-made   |  |  |  |  |
| _   | structures at least 30 days before commencing with project.  |  |  |  |  |
| 2)  | ,  |  |  |  |  |
| 3)  | NOT Guess.  Draw a diagram of your lot with dimensions or use your surveyed property diagram. Draw the outline   |  |  |  |  |
| 3,  | •  | storage, etc.) on the diagram to show the location of  |  |  |  |
|   | the above item(s). Include the size and shape of the structure and distance from each property line. If  |  |  |  |  |
|   | it is an addition to present structure, include the addition and present structure as a whole. Estimate  |  |  |  |  |
|   |  | nobile home and a set up date for other structures.    |  |  |  |
| 1)  | · · · · · · · · · · · · · · · · · · ·  | or personal photo of mobile home unit, storage unit,   |  |  |  |
| 2)  | barn, carport, or fence/wall. Name of building contractor and a description of home is satisfactory.  (a) Email this form with ACC in subject line to <a href="mailto:twinforksleakey@gmail.com">twinforksleakey@gmail.com</a> . |  |  |  |  |
| 3)  |  |  |  |  |  |
| ٠,  | Your form will be reviewed by the Architectural Control Committee composed of 3 of your fellow<br>property owners. This group will accept or reject the plan.  |  |  |  |  |
| 4)  |  |  |  |  |  |
| 5)  | If your plan is rejected, you will receive written o   | ommunication as to what other information is needed    |  |  |  |
|   | or recommendations in order to be approved. Y  |  |  |  |  |
| 6)  | The Board of Directors will examine the Commit   |  |  |  |  |
| ٦١  | recommendation if there are discrepancies or if  |  |  |  |  |
| 7)  |  | om the Architectural Control Committee or the Board of |  |  |  |
|   | Directors to the board by presenting your reasoning at a regularly scheduled board meeting or by electronic communication.   |  |  |  |  |
|   | Office Use Only  |  |  |  |  |
|   | Office use Offing  |  |  |  |  |
|   | Document 24  |  |  |  |  |
|   | Complete AC form and supporting documents received by AC Committee on  |  |  |  |  |
|   | This Architectural Form was  | ACC Signatures   |  |  |  |
|   | □ approved   | Mark Jackson   |  |  |  |
|   |  | Susan Deagan   |  |  |  |
|   | ☐ denied   |  |  |  |  |
|   |  | Mike Crawford  |  |  |  |
|   | Date: Recommendations:   |  |  |  |  |

| Construction Fee Required | Amount of  | due before delivery or construction |
|---------------------------|--|-------------------------------------|
|                           | Checks payable to FCIA. Outside construction must be |                                     |
|                           | complete within 120 days of start date.              |                                     |