

**DISHAROON RIDGE CONDOMINIUM ASSOCIATION**

**Application for Architectural Modification**

*All alterations to the exterior of a unit must be submitted to the Architectural Advisory Committee (AAC) with a detailed drawing (8 1/2 x 11) including dimensions, and a full description of the materials and colors. Application will not be reviewed until all fields have been completed and support materials attached. AAC Guidelines are also located on the OBC1 website near this form. The upper part of this form may be used to request verification that a full Application is required prior to completion of the entire form. Please return completed form to: DRUOA, 10896 Big Canoe, Big Canoe, GA 30143 or email to [disharoonridge@aol.com](mailto:disharoonridge@aol.com) attention AAC.*

*No work may commence without the written approval from the AAC and the OBC1 Board of Directors.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

Type of Improvement: \_\_\_\_\_

Material(s) to be used: \_\_\_\_\_

Name of Contractor/Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit No.: \_\_\_\_\_

Certificate of Insurance: Yes  No  Licensed: Yes  No

Is a Building Permit Required for this improvement? Yes  No  Permit #: \_\_\_\_\_

Are drawings attached? Yes  No  Website Link? \_\_\_\_\_

This application is valid for a period not to exceed (3) months from the date of Board approval. If a Pickens County Georgia Building Permit is required for the improvement, the DRUOA Board approval is contingent upon obtaining such documents without zoning variance.

I understand the proposed modification must be in compliance with the Declaration of Condominium documents and Georgia condominium law as well as all local and state building codes, Restrictions and Covenants and By-Laws for the DRUOA Association. I/we agree to abide by the rules set forth by the Association and to be solely responsible for the upkeep, repair, maintenance and damages incurred as a result of this improvement. I am aware that failure to comply may result in charges in order to restore the modification to its original condition.

Signature of Owner(s): X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

**DRUOA Board of Directors Use Only**

Review	
Date:	_____
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Comments:	_____
Committee Signature:	_____
Board Signature:	_____

Inspection	
Date:	_____
Inspected By:	_____
Completed as Planned <input type="checkbox"/>	Completed, Not as Planned <input type="checkbox"/>
Incomplete <input type="checkbox"/>	Not Begun <input type="checkbox"/>
Cancelled <input type="checkbox"/>	
Comments:	_____
Signature:	_____