

**CROOKED CREEK HEIGHTS WEST HOMEOWNERS  
ARCHITECTURAL CHANGE REQUEST FORM**

**Request for Architectural or Landscaping Change**

**Resident Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Brief Description of the Request (fence, deck, patio, major landscaping, exterior painting, etc). Please include the reason or purpose for the change.**

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**Note: Along with the above description, the following is necessary**

- Drawing of the change proposed (for fences and structures)
- The location of the structure to be added
- Color of exterior paint or roof material, if it is being changed from the original color
- Any other pertinent information required to evaluate proposed change

**Start Date:** \_\_\_\_\_ **Anticipated Completion:** \_\_\_\_\_

**HOMEOWNER'S AFFIDAVIT**

**I HAVE READ THE DEED RESTRICTIONS AND POLICIES OF THE CROOKED CREEK HEIGHTS WEST HOMEOWNER'S ASSOCIATION, INC., AND AGREE TO ABIDE BY THE SAME. NO WORK WILL COMMENCE WITHOUT THE WRITTEN APPROVAL OF THE ARCHITECTURAL REVIEW COMMITTEE.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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- Approved by a Quorum of the ARCHITECTURAL REVIEW COMMITTEE**  
**Date:** \_\_\_\_\_

\_\_\_\_\_  
ARCHITECTURAL REVIEW COMMITTEE SIGNATURE

- Insufficient information; please resubmit** **Date:** \_\_\_\_\_  
 **Not approved for the following reasons:** **Date:** \_\_\_\_\_

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**PLEASE MAIL YOUR REQUEST TO:**  
**Crooked Creek Heights West Homeowners Association**  
**Architectural Change Request Committee**  
**PO Box 681066**  
**Indianapolis, IN 46268**