

**SAVANNAHS HOMEOWNERS ASSOCIATION**

**APPLICATION FOR MODIFICATION(S)**

NAME: _____
ADDRESS: _____
DATE: _____
PHONE: _____
E-Mail: _____

**PLEASE REFER TO YOUR COPY OF THE COVENANTS AND RESTRICTIONS BEFORE COMPLETING**

MODIFICATIONS REQUESTED (Include specific details of material, colors, styles, etc.)

- FENCES:** Specify materials, height, style and sketch to scale on copy of survey, use photos or drawings.
  
- LANDSCAPING:** Statuary, fountains, decorative structures, etc. to be depicted with photo, drawings and location indicated on survey.
  
- POOLS & SPAS:** Provide plans and specifications. Also include all fencing, decking & railing modifications, two (2) sets. Please identify placement in yard with dimensions, how far from property line, etc.
  
- RECREATIONAL EQUIP.:** Specify manufacturer, type and location on survey.
  
- REPAINTING:** Paint manufacturer, type and color.
  
- ROOF:** Manufacturer, type and color.
  
- SCREENING & LATTICE:** Specify material, style, color, location & elevation.
  
- STRUCTURAL ADDITION/ MODIFICATION:** Provide plans and specifications, two (2) sets. Please identify placement in yard with dimensions, how far from property line, etc.
  
- TREE REMOVAL:** Sketch the tree location on a copy of the survey.
  
- OTHER:** Submit appropriate information and detailed description.

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE TO START PROJECT: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

APPLICATION FOR MODIFICATIONS CONTINUED:

For your protection, inquire with the proper authority, either city or parish, regarding permit requirements before starting any work on your property. Projects involving new construction, additions, alterations, or any modification to structural, electrical, heating, water, gas or sanitary plumbing systems will most likely require a permit.

**INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING**

**I further understand and agree that no work on this modification request shall commence until written approval of the ARC has been received by the property owner.** I represent and warrant that the requested modifications strictly conform to the Declaration of Covenants, Conditions, Restrictions and Guidelines for the Savannahs Homeowners Association. I further understand and agree that as the property owner, I am responsible for complying with all city and/or parish building and zoning regulations.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:**

Joy Neely at GNO Property Management  
Or fax to (504)566-4795 or email to [joy@gnoproperty.com](mailto:joy@gnoproperty.com)

\*\*\*\*\*

**TO BE COMPLETED BY ARCHITECTURAL REVIEW COMMITTEE (BOARD)**

DATE RECEIVED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Committee Action:

- \_\_\_\_ Approved as Submitted
- \_\_\_\_ Conditionally Approved
- \_\_\_\_ Disapproved
- \_\_\_\_ Deferred Until \_\_\_\_\_
- \_\_\_\_ Withdrawn
- \_\_\_\_ Returned for insufficient information

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_