

BUCKINGHAM ACC REQUEST FORM

DATE OF REQUEST: _____ CONTACT PHONE/EMAIL _____

HOMEOWNER NAME:(PLEASE PRINT): _____

PROPERTY ADDRESS: _____

REQUEST TYPE

- NEW CONSTRUCTION
- ADDITION OR MODIFICATION OF EXISTING STRUCTURE
- CHANGE OF EXTERIOR COLOR SCHEME OR BUILDING MATERIAL
- ROOF REPLACEMENT
- FENCE OR WALL (NEW OR CHANGE)
- OTHER REQUEST

Please provide three (3) sets of architectural plans with your ACC request. Two (2) copies will be returned to the owner for the county building permit application. One (1) copy will be retained by the BHA office.

NEW CONSTRUCTION, ADDITION OR MODIFICATION OF EXISTING STRUCTURE

- PRIMARY DWELLING
- AUXILIARY BUILDING
- GARAGE SHED/STORAGE BUILDING
- POOL SPORTS/GAME
- DRIVEWAY OR OTHER PAVED AREA
- OTHER REQUEST (OUTDOOR KITCHEN, ETC)

Please attach a copy of the construction plans with dimensions, including a plot plan with location of the proposed structure. Include product literature if applicable.

EXTERIOR COLOR SCHEME (NEW OR CHANGE)

STRUCTURE(S) TO BE PAINTED OR MATERIAL CHANGE: (Siding, trim, door, roof, or fence)

PLEASE provide proposed color paint swatches for exterior finishes, each clearly marked for siding, trim or roof. **ANY PAINTING MUST BE APPROVED BY THE ACC.**

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ROOF REPLACEMENT

Current roof material/construction _____

Proposed roof style/material _____

Please attach product literature showing photos of roof style, material and color, and/or a sample of roofing material.

FENCE, GATE OR WALL (NEW OR MODIFICATION)

FENCE

GATE

WALL

Please attach a plot plan including location of fence/gate and other structures, plus product literature showing photos, gate, material, color and dimensions.

ACC DETERMINATION (For Office Use Only)

The Buckingham Homes Association ACC review is not a replacement or substitution for review by the County of Lake. After ACC approval, it is the homeowner's responsibility to follow up with county for approvals and permits as needed.

APPROVED

MODIFICATIONS ARE NEEDED TO COMPLETE APPROVAL (REQUIRES RESUBMISSION)

REQUEST REJECTED

MODIFICATIONS REQUIRED (IF APPLICABLE) _____

REASON FOR REJECTION (IF APPLICABLE) _____

ACC SIGNATURE _____ DATE _____ ACC SIGNATURE _____ DATE _____

PLEASE PRINT _____ PLEASE PRINT _____