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Phone: 317-641-2419
(Leave Message)

Date _____

After Completed: Submit to Architectural Control Committee

1 Name _____ Phone # _____
Address _____
Indigo Springs Lot # _____
Model Type _____

2 Give a description of changes for home:

3 Changes or modifications to any basic utility service? Existing structures accommodate the proposed change? Indicate below.

	YES	NO		YES	NO
ELECTRIC			EXTERIOR WALLS		
TELEPHONE			PATIO FENCING		
GAS			PATIO SLAB		
WATER			SIDEWALKS		
SEWAGE			PAVEMENTS		
TV CABLE			OTHER		

4 List the Major Construction Materials that will be used for this project.
Be specific. (Exterior materials MUST conform to existing original building or be compatible.)

5 Please ATTACH the following information:

- a Plot plan of lot with location of project noted (2 copies)
- b Blueprints or working drawing indicating ALL dimensions & elevations (2 copies)
- c If available, a photograph or drawing of a similar project.
- d City permit if required (legible copy is acceptable)

6 Project Schedule:

a The project will be done by:

Home Owner YES NO

Contractor: Name: _____

Both: YES NO

b Please indicate the approximate time that will be needed to complete this project, subsequent to the Archtectural Committee Approval and the Board.

c Please indicate any/all building permits needed for this project.
