



Indigo Springs Homeowners Association  
 c/o Kirkpatrick Management Company  
 5702 Kirkpatrick Way  
 Indianapolis, IN 46220

**INDIGO SPRINGS**

www.indigospringshoa.com  
 arch@indigospringshoa.com

Phone: 317-558-5352

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

**After Completed: Submit to Architectural Control Committee**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Indigo Springs Lot # \_\_\_\_\_

Model Type \_\_\_\_\_

Give a description of changes for home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes or modifications to any basic utility service?

Existing structures accommodate the proposed change? Please Indicate below.

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

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.)


Please ATTACH the following information:

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

**Project Schedule:**

The project will be done by:

Home Owner YES \_\_\_\_\_ NO \_\_\_\_\_

Contractor: Name: \_\_\_\_\_

Both: YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**NOTE:**

ALL submitted materials shall remain the property of the Home Owners Association. You can request a copy for your personal records. The Board / Architectural Committee is allowed up to 30 days from the date of submission or receipt to approve your request.

Please keep this in mind when submitting request for your project.

I hereby acknowledge that I have read and understand the ARCHITECTURAL CONTROL STANDARDS set forth by the Board of Directors/Committee, as well as the Declaration of Covenants and Restrictions.

HOMEOWNER'S SIGNATURE: \_\_\_\_\_

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

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ARCHITECTUAL COMMITTEE ACTION:

PLEASE MARK ONE

- Approved as written
- Approved with conditions stated in comments
- Deferred
- Additional information required
- Denied

COMMENTS:

SIGNED DATE:

ARCHITECTURAL CONTROL COMMITTEE SIGNATURES

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