

# GRAND OAKS HOMEOWNERS ASSOCIATION, INC.

## ARCHITECTURAL REVIEW REQUEST CHECKLIST

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Residents are required to submit, for review, complete plans, and specifications with a completed application, showing location, nature, shape, height, material, color, type of construction and/or any other proposed form of change. Decisions concerning exterior alterations are rendered within **thirty (30) days** after all plans, specifications and other required information is received.

Residents are responsible for securing any required parish permits and ensuring structures are not being placed within any servitude.

### REQUIRED INFORMATION FOR REVIEW

Please use this checklist to ensure all required information is submitted:

- Completed Application (See Page 2)  
(All information must be completed on the application.)
- Site Plan that includes existing structures, property lines and proposed structure;  
(This can be a sketch or a Google Earth screenshot of your property.)
- Note Setbacks / Measurements from proposed structure to property lines on site plan;
- Example photographs of proposed project;
- Project Review Fee  
(New Construction / Home Additions: \$75.00 / All Other Projects: \$50.00 per project)

### SUBMITTING YOUR APPLICATION & PROJECT REVIEW FEE

All information should be submitted to Renaissance Property Management:

- Electronically / Email: Packages can be submitted in PDF format to [info@renmgt.com](mailto:info@renmgt.com);
- Regular Mail: Grand Oaks Homeowners Association, c/o Renaissance Property Management, 506 E. Rutland Street, Covington, LA 70433.
- **Project Review Fees must be made payable to:  
John Ploue and should be mailed to 506 E. Rutland Street, Covington, LA 70433.**

The review process will not begin until all information, including applicable fees, are received by the property management office. Projects may begin once approval is received in writing from the property management office.

**GRAND OAKS HOMEOWNERS ASSOCIATION**  
**ARCHITECTURAL CONTROL COMMITTEE - *Request for Exterior Alteration***

Date: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Lot #: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete this form in its entirety. Indicate alteration and provide **full details** including, type of materials, dimensions, and location on property. **Please note the setbacks of the improvement structure to all property lines. Include a sketch of improvement on a property plot plan** indicating the location, setbacks, details to the home and property lines. Attach additional details, sketch to scale or architectural plan, materials, photos, specifications, etc. Homeowner is solely responsible for obtaining any necessary State or Parish permits.

**1. Location of Property:** *(If applicable, check all that apply)*

- Corner Lot      Adjacent to Greenspace/Park Area      Adjacent to Lake/Pond Area

**2. Type of Alteration Requested:**

- Tree Removal      New Construction      Fence      Pool/Cabana      Pergola/Patio  
 Paint (Exterior)      Driveway Ext.      Landscaping Plan      Addition      Other
- \_\_\_\_\_
- \_\_\_\_\_

<b>3. Dimensions:</b>	<b>Material:</b>	<b>Color:</b>
H'     W'     L'	_____	_____

**4. Setbacks to all Property Lines:** \_\_\_\_\_

Front	Rear	Left Side	Right Side
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**5. Contractor Name and Phone Number:** \_\_\_\_\_

**6. Project Start Date:** \_\_\_\_\_ **Est. Completion Date:** \_\_\_\_\_

**7. Signatures and Acknowledgement:** The signatures below should be that of the adjacent property owners. This acknowledgement indicates an awareness of the intent and does not constitute approval or disapproval. If there are no adjacent property owners, mark "n/a" in the space provided.

Name (Signature): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Return completed, signed application with attachments to: Renaissance Property Management**  
 506 E. Rutland St., Covington, LA 70433 | Office: (985) 624-2900 | Email: [info@renmgt.com](mailto:info@renmgt.com)

**Please do not proceed with any alterations until written approval is received.**

*Architectural Control Committee Section*

**Decision on Request:** Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Approved as Noted: \_\_\_\_\_ **Date:** \_\_\_\_\_

*Chairperson Signature:* \_\_\_\_\_