

Hollow Oaks Homeowners Association
Request for ACC Approval of
Home Improvement Modification

Items 1 through 8 are to be completed by the Homeowner:

1. Name of Homeowner _____ 2. Date of Request _____
3. Home Address _____ 4. Telephone Number _____
5. Description of Request _____

6. For fences, sheds, pools, TV dishes, landscape, porches and decks, gas tanks or other screening, **attach as sketch on a surveyor's plat** showing the addition/modification. Attach any other descriptive material that will support or explain request.

7. Requested start date _____ * 8. Approximate completion date _____

*Please allow 30 days for processing this request.

To be completed by the ACC:

Date ACC received _____

ACC Action: Approved without conditions _____

Approved with the following conditions _____

Additional information required _____

Not approved for the following reason _____

ACC signature(s) _____

Date ACC action _____ Date Homeowner informed _____

*Mail to: Hollow Oaks Homeowners Association
201 Sigma Drive Ste. 350
Summerville, SC 29486
Or
Fax: 843-278-6853*