

Estimated Start Date:		Completion Date:	
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Acknowledgement of Adjacent Homeowners (all homeowners sharing a common boundary line):
 This acknowledgement will be considered by the ACC, but will not be binding upon the ACC. No application will be considered unless the following section is complete:

Name	Signature	Address

Please refer to the guidelines for required information to be included with this form – unsigned or incomplete forms, including missing information will be returned without review.

I understand and agree that no work on this request shall commence until written approval of the Wills Commons Association ACC has been received by me. I represent and warrant that the requested improvements and/or modifications strictly conform to the *Community Design Guidelines* and that these changes shall be made in strict conformance to those guidelines. I understand that I am responsible with all city, county and state regulations.

Permission is hereby granted for members of the ACC and appropriate Wills Commons Association Homeowners Association representatives to enter the property to make reasonable observation and inspection of the requested modification and completed project.

Neither Wills Commons Association Homeowners Association, the Association Board of Directors, the ACC nor their respective members, officers, successors, assigns, agents, representatives or employees shall be liable for damages or otherwise to anyone requesting approval of an architectural alteration by reason of mistake in judgement, negligence or misfeasance, arising out of any action with respect to any submission. The architectural review is directed toward review and approval of site planning, appearance and aesthetics. None of the foregoing assumes any responsibility regarding design or construction, including, without limitation, the structural integrity, mechanical or electrical design, methods of construction, or technical suitability of materials. I hereby release and covenant not to sue all of the foregoing from/for any claims or damages regarding this request or the approval or denial thereof.

I have discussed this modification with my neighbors (signed and designated above) who will be directly impacted by the proposed modification.

Please allow a maximum of 30 days from the date of final submission of information requested by the ACC for a modification review. If modification is started prior to approval, fines will be assessed.

It is the homeowner’s responsibility to monitor construction and enforce the items of this approval. No alterations in the approval plan are allowed. Failure to follow the items of this approval will result in an unapproved exterior modification. The homeowner then accepts full responsibility for, at their own expense, removing the unapproved structure or altering the structure in order to bring it into compliance with the approval plan.

Homeowner’s Signature _____ Date _____

Homeowner’s Signature _____ Date _____
 (all owners must sign)

You may fax, a black ink original, to Wills Commons, c/o HMS at 770-667-6315. Or it may be mailed to Wills Commons, c/o HMS, P. O. Box 2458, Alpharetta, Georgia 30023-2458.

FOR ACC USE ONLY:

Date Received _____
Approved Denied By (ACC Chair/Date) _____

Conditions:

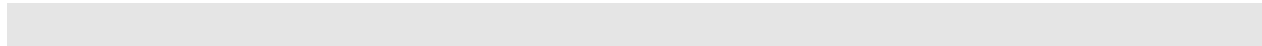
This approval is valid until _____. If the project has not been completed by then, then the homeowner must resubmit the request.

CONDITIONAL APPROVAL: The Application for Modification will be approved within 15 days after resubmission provided that the following modifications are made.

Comments:

Final Inspection Date _____
Approved Rejected* By ACC/Property Manager) _____

*If rejected, please attach separate sheet explaining reason, corrective action required, and completion date.



NOTIFICATION FORM FOR THE INSTALLATION OF DBS OR MMDS SATELLITE DISH OR ANTENNA

Note: This form must be completed and returned prior to installation. Installation in a location other than one of the pre-approved locations requires ARC approval. Incomplete Forms will be returned. Documentation submitted for review becomes the property of Wills Commons Association Homeowners Association.

Name:		Date:	
Address:		Home Phone:	
City/State/Zip:		Office Phone:	
		Other:	

1. Type of satellite dish or antenna to be installed:
 - DBS satellite dish 1 meter or smaller (e.g. Primestar, Dish network, Direct TV)
 - MMDS antenna (wireless cable) 1 meter or smaller (e.g. WANTV)
2. Installation will include a mast? NO YES, total height of system: _____ inches.
3. Installation of the satellite dish or antenna will be done by: _____
4. Does the location of the satellite dish or antenna comply with the Association's guidelines?
 - YES NO, I am requesting approval for an alternate location.

Please describe the exact location of the satellite dish or antenna and provide a diagram or drawing of the location. **If the satellite dish or antenna is not to be installed in one of the pre-approved locations, you must provide specific, written documentation as to why the pre-approved location is not acceptable and obtain ACC approval of the proposed alternate location.**

Description of Installation Location (use other side if necessary):	
Estimated Start Date:	Completion Date:

I acknowledge that I have read, understand and have complied or will comply at all times with the Association's current guidelines with respect to the installation of satellite dishes or antennas.

Homeowner's Signature _____ Date _____

Homeowner's Signature _____ Date _____
(All owners must sign)

FOR ACC USE ONLY:

Date Received _____

- Meets Guidelines Deviation Approved Deviation Denied

By (ACC Chair/Date) _____