**Distributing Concierge Initials:**

**Falls Run Single Family Home**
**Short Form Modification Application**
(For use with only those items designated on this Short-Form List)

**Introduction:** The Modifications Committee has designated specific items that a Single Family Home Owner may install or have installed without prior approval normally required for all Regulated Work modification requests. The Home Owner is responsible for reviewing the Falls Run Design Guidelines to ensure his/her understanding of the governing paragraphs, as well as performing all related work in full compliance with the Guidelines. Non-compliant performed work will be subject to corrective action by the Owner at his/her expense as may be determined through subsequent inspection by the FRCA General Manager.

Initial the item(s) from the following group (Short-Form List) that apply to this submittal. The ***Falls Run Design Guidelines***, as amended 25 February 2015, govern and all references pertain to this document. After completing this record, submit it directly to the FRCA General Manager (located in the Community Center) who will scan it for the Property Management file. The original record will be returned to the Home Owner after it has been scanned.

**_____Storm door [full view] – [See Paragraph 4.7]**

**_____Deck Box [See Paragraph 4.16]**

**_____Hand Railings for Main Entrance [See Paragraph 4.12] (NOT a grab bar)**

**_____Flag Holder/Mount [See Paragraph 4.11]**

**_____Attached Hose Caddy [see Paragraph 5.21]**

**_____Non-illuminated House Number Display [see Paragraph 4.18.3]**

**_____Landscaping Entirely within the rear Private Area [see Paragraph 5.5]**

**_____Air Conditioning Outside Unit [See Paragraph 3.1.1]**

**Resident Notified: _____ Date:_____ Initials: _____**

By signing below, I attest that I am the bona-fide Owner of the Home for which this record is created, and that I have read and understand the Falls Run Design Guidelines for the items initialed above. I agree to perform or have performed all work in full compliance with the referenced requirements. I also understand that any modification made that is not compliant will be considered a violation and subject to all sanctions under the FRCA enforcement policy as detailed in AR 16-02 as may be amended.

_____

Signature of Home Owner Signature of Home Owner Date

_____

Print Name of Home Owner Print Name of Home Owner

_____

Address of Dwelling Unit