



Legacy Bay Homeowners Association  
 6035 Paradise Cove Drive  
 Mooresburg, Tennessee 37811  
 423-272-3697

Site/Lot Alteration Request and  
 Checklist  
 Form AC310

Site/Lot Alteration Request and Checklist

Lot #: \_\_\_\_\_ Phase: \_\_\_\_\_ Date Plan Submitted: \_\_\_\_\_

Property Owner:  
 (Point of Contact) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

*For any of the details below, attach additional information or documents as needed*

**Describe, in detail, the site alteration planned:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reasons for site alteration:**

\_\_\_\_\_  
 \_\_\_\_\_

**Describe how site alteration may affect drainage from the lot onto neighboring lots and roadways:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Site/Lot Alteration Request and Checklist  
(Continued)**

**Permits Required:**

\_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**TN Contractor License #:** \_\_\_\_\_

Indicate the lot numbers and names of property owners you notified about your proposal: <i>Attach additional lot notification information as needed</i>	<u>Lot #</u>	<u>Name</u>	<u>Date Notified</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Anticipated Starting Date:** \_\_\_\_\_ **Anticipated Completion Date:** \_\_\_\_\_

- |  |                                      |
|--|--------------------------------------|
| <b>The following must be submitted with this checklist:</b>  | <b>Check that item is submitted:</b> |
| <ul style="list-style-type: none"> <li>● <b>Site Plan showing bordering properties and roads, proposed site alteration, and (if any) location of houses, driveways, walkways, drain fields, wells, storm drains, natural waterways, geographic/geological anomalies, and culverts. (Site plan must also show any trees proposed for removal.)</b> <span style="float: right;"><input type="checkbox"/></span></li> <li>● <b>Required permits (TVA, Federal, state and/or local)</b><br/>If a permit is dependent upon architectural approval, a written explanation must be included with this application process. <span style="float: right;"><input type="checkbox"/></span></li> <li>● <b>Insurance Certificate from Prime Contractor</b><br/>(See Construction Agreement, item 2) <span style="float: right;"><input type="checkbox"/></span></li> <li>● <b>Signed Construction/Site Alteration Agreement (form AC400)</b> <span style="float: right;"><input type="checkbox"/></span></li> </ul> |                                      |

If you have any questions, please contact the Architectural Committee at [ac@legacybay.org](mailto:ac@legacybay.org) or call the Association at 423-272-3697. (Messages left at this phone number will be returned within 72 hours.)

**Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Prime Contractor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_