

CONJURER'S NECK

ARCHITECTURAL CONTROL COMMITTEE

Conjuror's Neck Homeowners Association {P.O. Box 205 Colonial Heights, VA 23834}

COLOR

SECTION: _____ LOT #: _____

APPLICANT: Please fill in all spaces below.

Date of Application: _____

Applicant Name: _____

(The applicant shall be the property owner or original builder at the time of application.)

Applicant Mailing Address: _____

Phone # Home: _____ **Work/Fax:** _____ **Cell:** _____

Builder (if different from applicant above): _____

Requested Colors: *(attach color chips)*

	<u>MANUFACTURER</u>	<u>COLOR</u>	<u>PAINT</u>	<u>STAIN</u>
SIDING:	_____	_____	()	()
TRIM:	_____	_____	()	()
WINDOWS:	_____	_____	()	()
SHUTTERS:	_____	_____	()	()
FRONT DOOR:	_____	_____	()	()
GARAGE DOOR:	_____	_____	()	()
OTHER:	_____	_____	()	()

DO NOT WRITE BELOW

() Approved

() Conditional Approval

() Denied

For the ACC: _____

