

ROSEWOOD ESTATES
HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE

RESIDENT APPROVAL FORM

NAME: _____

ADDRESS: _____

PLEASE DESCRIBE THE CHANGE TO YOUR HOME FOR WHICH YOU ARE REQUESTING APPROVAL:

WHY ARE YOU MAKING THIS CHANGE TO YOUR PROPERTY?:

DATE BY WHICH YOU REQUIRE A RESPONSE: _____

FOR AAC USE ONLY:

CCR PROVISION APPLICABLE: _____

DATE OF COMMITTEE MEETING: _____

DECISION OF COMMITTEE: APPROVED OR NOT APPROVED

IS HOA ACTION NECESSARY: YES OR NOT

IF YES, DATE OF HOA MEETING WHICH ADDRESSED WAIVER: _____

FINAL DECISION: APPROVED OR NOT APPROVED