## **Architectural Control Committee**

## **Property Alteration Request**

Name:	
Address:	
Telephone: Date	**
Type of Alteration:	
Attach the following applicable documentation	
1. Plat drawing indicating the location of	f the change on your property.
2. Plans, drawings, specifications, photog	graphs, as applicable
3. The contractor's name and address th	at will perform the work.
4. Materials to be used including manufa	acturer and color of the items.
5. Changes in landscape (e.g., removal or	r additions of trees, shrubs or planting beds)
and upkeep of the modification/change descr the Agreement runs with the property and wi	the installations, maintenance, repairs, insurance ribed above to my (our) unit. I (We) acknowledge ill be binding on all subsequent owners of this unit greement and request, if approved, as part of the ded to any subsequent owners.
Owner	Owner
Date	Date
Please submit applicable documentation and respond within 30 days with their approval or	request form to Howard Lohf. The committee will denial of the change.
Received by Date	
nspected by architectural committee	( ) Accepted ( ) Rejected