HEADWATERS RANCH PROPERTY OWNERS ASSOCIATION

ARCHITECTURAL REVIEW STATUS

_____ Parcel #_____-_____-_____

Property Owner

_____

Property Address

_____

Property Owner Mailing Address including City, State and Zip

_____ _____

Home Phone Including Area Code Cell Phone Including Area Code

PLAN REVIEW _____ _____ _____ _____

Received Date Reviewed Date

REMODEL AND/OR

ADDITION FEE _____ _____ _____ _____

Amount Paid Date Not Paid Rec'd By

STATUS/COMMENTS

_____
_____
_____
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