REQUEST FOR ARCHITECTURAL CONTROL COMMITTEE APPROVAL

UNIT PROPERTY OWNE	R
PHONE:	STREET #:
	OVEMENT:
COLOR (If applicable):	
LOCATION* (If applicable	e):
DIMENSIONS (If applicab	le):
CONSTRUCTION MATER	RIALS (If applicable):
demonstrates the location of your	ach any written plan (drawing, diagram, survey, photograph, etc.) which reasonably replanned improvement to this application. If you have a document that sets out the plans ect, please attach a copy of it as well.
	f the above referenced planned improvement. If approved, I agree to build in ation and the attached plans (if any) and specifications and I agree to at my expense.
SIGNED	DATE
(The owner/applicant is solely resimprovements so as to adhere to a Committee shall NOT be construor the placement of improvement below, all improvements must co	sponsible for complying with all building codes and regulations and locating their all property boundaries. Approval of a plan by the Board or Architectural Control ed as an expression of any opinion as to compliance with any building codes or regulations in adherence to property boundaries. Unless otherwise stated in the remarks section mply with all of the provisions of the Rules and Regulations and Restrictive Covenants. The or delayed mail with respect to applications.
BELOW IS FOR COMMITTEE	USE ONLY
Date Received:	Date Reviewed:
The above request is:	APPROVED NOT APPROVED
Committee Remarks:	
Committee Signatures (requires a	minimum 2 signatures):
Original to Homeowner – Copy i	n BHA files