

Homeowners Association of Village Green, Inc.

Design and Construction Guidelines

If your Architectural Review request is approved, you must obtain the permit from the Jefferson Parish Department of Inspection and Code Enforcement before starting your project. The Architectural Review committee has 30 days to respond to request. If approval is granted, the **approval is valid for only 90 days**. Submit form/documents by postal or electronic mail:

HOAVG PO Box 3484 Harvey, LA 70059 or info@pmineworleans.com

Please attach the following items needed: Driver's License / Act of Sale or Mortgage Bill

Required Information (Please Print Legibly)

Are you the Homeowner requesting this approval Yes No

Homeowner(s) Name _____

(First Middle Last Name as it appears on Act of Sale)

(First Middle Last Name as it appears on Act of Sale)

Property Address _____

(street number and name)

Phone number (_____) _____ - _____ Type of number: home cell work
(please circle)

Email address _____

Detailed description of project _____

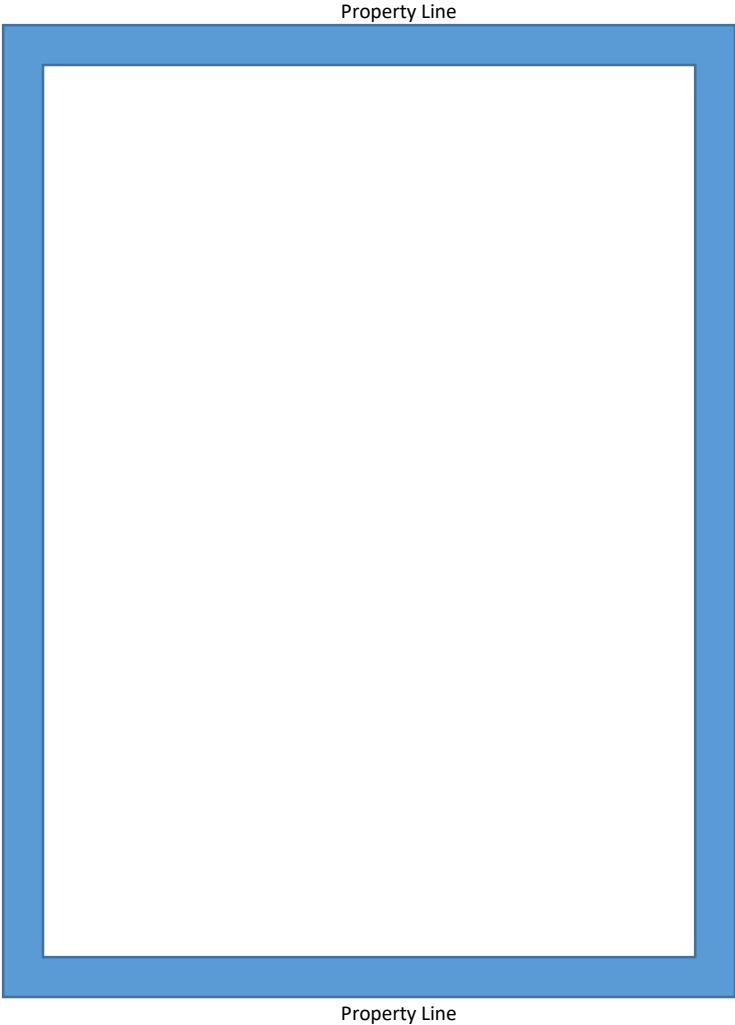
(Include dimensions, material to use, etc)

PRIVACY ACT PROTECTED

The information is for use only within the Homeowners Association of Village Green, Inc. and will not be furnished to any commercial enterprise, company, representative, organization, or agency outside the Homeowners Association of Village Green, Inc

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(draw your proposal here)



By my signature below, I certify that the information I have provided in this document is true and correct. I understand this agreement and agree to adhere to the instructions contained herein. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to revocation of privileges.

Homeowner's signature

Date

_____/_____/_____
(MM / DD / YYYY)

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This form for use by BOD of the Homeowners Association of Village Green Inc

Please print legibly – All Fields Required

Request made by:

_____ (First Name and Last Name)

Homeowner(s) Name

Property Address

Description of work requested

Approved

Disapproved - provide reason for disapproval

Board Member Name

_____ (Print First Name and Last Name)

Board Member Signature

Date

_____/_____/_____
(MM / DD / YYYY)

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