Lakeshore ARB Approval Request

Owner's Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

- Please complete an application for each project.
- ARB will give a decision on each request within 30 days of receiving a complete request. (Please see documents checklist below.)
- ARB will inspect each project upon completion.

Documents Checklist:

- Attach architectural drawing or photographs
- Drawing showing location on the plot plan
- Include information on materials and color changes
- Advise affected neighbors of your intentions

Please describe your request (continue on reverse if necessary):

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