## **VEHA ARCHITECTURAL CHANGE REQUEST**

One form per request is required. All requests will be evaluated by the Architectural Standards Committee with recommendations submitted to the VEHA Board of Directors for final approval. The homeowner will be notified within 10 business days as to the approval, rejection, or suggestions for the request.

Please do not start your work before the committee has seen and approved your request. Work that does not comply with Architectural Standards will be required to make changes at their own expense.

NAME:		UNIT # DATE:		
(	) Fence: Front Back ( ) Fence divider betw	veen un	nits: Front	Back
(	) Utility Fence Repair			
(	) Stucco: Repair or Total Re-Stucco Note local Color Matching is required.	tion:		
(	) Windows  Must be beige or almond; no white.			
(	) Patio Doors  Must be beige or almond; no white.			
(	) Front Doors  Design and color must be submitted if different from	original d	loors.	
(	) Other:			
De	escription of item(s) requiring attention, please	be spe	ecific rega	rding locations:
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	office use only:  Date Received Date Reviewed			
	nnroyed: Net Annroyed:	_		