

Applicant

Application for Architectural Change to be submitted to the Architectural Control Committee

Date

Address		_
m 1 1		_
Telephone	(H)(W)	
Project		
Type of Mater (Name, brand, co		
appropriate to	complete plans, sketches, samples, color chips, or we support your application. If the scope of the projectal, it is your responsibility to make sure you meet a	et requires a building permit or
in writing is re together with i	ned applicant hereby agrees he/she will not undertakeceived. Acceptance shall be by signed copy of this required permit or approval, if applicable, shall there completion of the project.	application. This application,
Committee has Committee, or application has	ther acknowledges that, as stated in the covenants, the same of th	oplication. In the event the sapprove within 30 days after
Your signature indicates compliance with any zoning regulations.		
Applicant Signature		
For Committee Use Only		
Date Receive	ed	
Application A	Approval	_Date
Final Approva	ral(Architectural Control Committee Member)	Date
	(Architectural Control Committee Member)	