pineglenhoa.com

pineglenhoa2018@gmail.com

Show Low, AZ 85901 928-965-1970

## **Architectural Review Committee Submittal Form**

When completed, please send to the above address or place in the Drop Box at the Hunt Street Mailboxes.

Owner's Name:	Lot	#	Date:
Address:			
Telephone # Home:	Telephone i	# Work/Cell	#:
1. Contractor Name & Address, if Applicable:_			
2. Description, in detail, of work to be done. At the exact location of the proposed improvement			· ·
3. Type and color of materials to be used (atta	ach brochures/samples, wher	n available):	
4. Is there any other information important fo	or the Architectural Committe	ee to know?	
5. The Homeowner is referred to the Declarat Architectural Committee. Further, the Homeo is received to act on this request. Request will	owner is reminded the Comm	nittee has th	nirty (30) days from the date this form
The Homeowner acknowledges that approval any construction/work.	of the Architectural Commit	tee must be	e obtained prior to commencement of
In addition to getting the approval of the Pine state laws AND to obtain all necessary permits Show Low, AZ 85901).			
Signatures			
x	Date:		
(Signature of owner)			
Area Below For Architectural Committee Use Approved	Only	Disap	proved
Comments:			
Consider	Data		