

Architectural Improvement Form

This approval is for a _____

Resident Name _____

The address is _____

Contact Phone/Email is _____

This item needs permit approval from Township or County Yes _____ No _____

Please attach plans or drawings provided by contractor if applicable. If contractor is not needed, attach a drawing of location of item for approval. Please allow up to 10 days for approval.

Email to board@rollingridge-hoa.com