HILLCREST IMPROVEMENT ASSOCIATION

Request for Architectural / Property Change

E-MAIL TO: hillcrestia@gmail.com Attn: Architecture Chair (Please print all information)

Homeowner:		
Address:		
Home Phone:	Cell phone:	
Please list description of changes requested: i.e., "Landscap Sidewalk/Driveway" Include color specifications, plant type &		ew Front Door" or " Pavers
Please include a blueprint/CAD drawing for Architectural c		h for landscaping changes with th
change request. Final approval upon receipt of necessary po	ermits.	
Will the change require a city permit? If YES, do you have the permit?	YESYES	NO NO
Will this require a zoning variance? If YES, have you had a hearing yet?	YES YES	NO NO
Please be considerate of your neighbors by advising your c	contractor of the follow	ving:
 Construction or repair work shall not begin prior to 6:00 a unless caused by an emergency. 2) Street parking should mail delivery, trash pickups, and emergency vehicles. 		
Homeowner signature	Date	
Approved:	Declined:	
Comments:		
Architecture Chair signature		nte

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