

9Y)	BLUFF OAF	KS STANDARD REVIE	EW FORM	
Bluff O	aks Homeowner	s Assoclation P.O. Box 943 F	PralrlevIIIe LA 70769	ම
Please complete	e and submit this for	rm to Stephanie Fontenot (337) 280-	5147 BluffOaksHOA@gmail.com	
Request for Approval of:				
□ Addition/Renovatio	n 🗆	Swimming Pool	□ Tree Removal	
□ Roof Shingles		Window/Door Replacement	Solar Panels	
Paint/Exterior Colo	rs 🗆	Landscape/Hardscape Changes	□ Fences	
□ Other	🛛	Auxiliary Structure	Generator	
Iomeowner Contact Infor	rmation:			
Name)				
Address)				
Date)		(Phone)	(Email)	
Project Information: (Pleas	se provide a description o	of the scope of work to be performed)		
Project Information: (Pleas	se provide a description o	f the scope of work to be performed)		
	se provide a description o	f the scope of work to be performed) HOA USE ONLY		
	se provide a description o			
			□ Rejected	
Action Taken:		HOA USE ONLY	□ Rejected	
Action Taken:	s Submitted formation needed	HOA USE ONLY		
Action Taken:	s Submitted formation needed	HOA USE ONLY		