



CRENSHAW MANOR ARCHITECTURAL CONTROL COMMITTEE APPLICATION FOR PERMIT APPROVAL

This Permit Request is submitted in accordance with the Protective Covenants for Crenshaw Manor/Crenshaw Place and the Crenshaw Manor Architectural Control Committee Operating Procedure.

HOMEOWNER: _____ LOT #: _____

ADDRESS: _____ PHONE #'s: _____

EMAIL: _____

REASON FOR PERMIT REQUEST (Attach additional page if needed. If for roofing, also complete section below): _____

DESCRIPTION OF PLANNED WORK (Attach additional page if needed): _____

Site plan attached: Yes No

*Required if application is for expanding, performing new construction work, or tree removal. Can be handwritten if for tree removal or minor construction.

ROOFING:

MATERIAL (Check one): Wood Shake Architectural Asphalt Shingle Stand-in-Seam Metal

MAKE/BRAND: _____ COLOR NAME: _____

If, Architectural Asphalt Shingle, STYLE NAME: _____

NOTE: ALL VALLEYS MUST BE MADE OF EXPOSED METAL

ANTICIPATED COMPLETION DATE: _____

HOMEOWNER SIGNATURE(S): _____ DATE: _____

CMACC USE:

Application Received: _____ Site Inspection: _____ CMACC Review: _____

CMACC decision communicated: _____ CMACC Action: Approved _____ Denied _____

CMACC Signature: _____ Date: _____