ARCHITECTURAL CONTROL COMMITTEE		DIV	LOT	
A Long	whead			
Name:	Date			
Phone#:	Email Address:			
Mailing Address:				

Please indicate the type of plan you are submitting; complete Section 1, ONLY.

SE	CTION 1		SET BACKS?	PERMITS?	CLOSED DATE	APPROVED OR DENIED
	Building	FOR				
	Alteration					
	Addition					
	Mobile Home	OFFICE				
	Modular Home					
	Septic System/Tank	— т				
	Tree Cutting	C				
	Fence	USE				
	Retaining Wall					
	Shed/Greenhouse	Ž				
	Docks	ONLY				
	Decks					
	Other (Please Explain)					

Start of project date: _____ Completion date: _____

DATE			
	Received	Circle one or both	Phone or Email?
	Email to ACC		By Whom?
	Email to Board		Scan #1-Initials
	Pre-Meeting Approval		Scan # 2-Initials
	Member Notified		Filed-Initials

REV: 2024 MAR

ARCHITECTURAL CONTROL COMMITTEE

Lake Arrowbead

Name_____

ACC: Lot Diagram

- Site plan: show building size, setbacks, location on lot, permits, etc.
- Description of building: written description & drawing or brochure

