ARCHITECTURAL IMPROVEMENT FORM

Unit owner	Date
Address of Unit	Phone
Nature of Improvement	
Color (if applicable)	
Location (if applicable)	
Dimensions (if applicable)	
Construction Material (if applicable)	
Contractor	Approx. Cost
(A sketch of all improvements must be attached	d to the application to show location and dimensions.)
Send to	
Address	
Date Submitted	Signed
For Board Use Only	
Date Received	Inspected by
Inspected on	
Approved on	Disapproved on
Reason for Disapproval	