



Morgan's Crossing Homeowners Association

Architectural Review Committee

Request for Approval / Variance

Date:		
Name:		
Phone:		
E-Mail:		
Street Address:		
Lot #:		
Request Type: (circle one)	Approval	Variance

Brief Description of Request:

Documents or plans attached: _____

ARC Resolution: Approved _____ Denied _____

Approved with modifications listed:

Approving Committee Member Name: _____

Signature: _____

Final Approval Board Member Name: _____

Signature: _____