



THREE (3) COPIES OF THIS FORM & 3 COPIES OF ALL DRAWINGS & SPECIFICATIONS ARE REQUIRED

REQUEST FOR ARCHITECTURAL APPROVAL

Date Submitted: _____ Telephone: _____

Homeowner's Name: _____

Address: _____ Lot #: _____

Description of Improvement: _____

----- ATTACHMENTS -----

Items attached: PLOT PLAN COLOR SAMPLE RENDERING ROOF TYPE

ARCHITECTURAL CONTROL COMMITTEE ACTION

This approval or denial is specifically based upon and limited to the description(s); specification(s); plot plan(s); rendering(s); modification(s); color(s); improvement(s); etc. which are stated in, or attached to, this Original Request Form as signed by the Architectural Committee Chairman and is to be permanently retained as the Official Record by the Board of Directors.

Approved **Denied**

_____	_____
Architectural Committee	Date
_____	_____
Architectural Committee	Date

Conditions of Approval or reasons for Denial: _____

Appeal to Board of Directors dated: _____

Approved **Denied**

_____	_____
Home Owner's Association Board President	Date

Conditions of Approval or reasons for Denial: _____

This approval does not relieve applicant from his responsibility for obtaining the necessary building permits from the governmental agencies involved; or from his responsibility for accomplishing the approved modifications(s); improvement(s) in a lawful manner. This request must be submitted in triplicate: original – Board of Directors, copy – applicant and copy – Architectural Committee.
(October 31, 2001)

HILLCREEK HOMEOWNERS ASSOCIATION



Use This Area for Additional Information: