

Windjammer Village of Little River, Inc.

APPLICATION TO REQUEST PROJECT APPROVAL REV, 6/19

Name _____ Lot # _____ Phone _____

Address _____ Cell # _____ Email _____

Signature _____ Date _____

TYPE OF REQUEST: (Please Provide Details)

_____ **Painting:** Color to stay the same? Yes _____ Existing Color _____

No _____ New Proposed Color of House _____

Brand of Paint _____ Color # _____

Color of Trim _____ Brand of Paint _____ Color # _____

Color of Doors _____

_____ **Roofing:** Color _____ Manufacturer _____ Type of Roof _____

_____ **Siding:** Color _____ Manufacturer _____ Type _____

_____ **Driveway/Sidewalk:** (Size & Material, Include Sketch) _____

_____ **Replace Windows/Doors:** (# & Location) _____

_____ **Fence:** (Size-Width/Height) _____ Material _____

(Include Sketch with Location) _____

_____ **Dish Antenna:** (Include Location) _____

_____ **Repair:** (Type & Location) _____

_____ **Addition:** (Include Sketch & Material) _____

Additional Detail on Work to be Done: _____

**BY SUBMITTING THIS FORM, THE OWNER GIVES THE BOARD OF DIRECTORS OR IT'S
AGENT PERMISSION TO ENTER THE PROPERTY FOR INSPECTION**

**REQUESTS MUST BE STARTED WITHIN 6 MONTHS AFTER APPROVAL OR THE REQUEST
MUST BE RESUBMITTED**

Rec'd Date _____ Arch App'l by _____ Date _____ BOD App'l Date _____

Letter Sent _____ Denied _____ Date _____ Reason Denied _____

REV 7/24