

MISSION HILLS ESTATES IMPROVEMENT APPLICATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

LOT# _____

PHONE NUMBER _____

BEST TIME TO CALL _____

FAX# _____

OTHER: _____

PROJECT TYPE

1. CONSTRUCTION
2. LANDSCAPING
3. GRADING/LAND ALTERATION
4. EXTERIOR

WORK DESCRIPTION

WORK TO BE PERFORMED BY

HOMEOWNER ___ CONTRACTOR ___

CONTRACTOR INFORMATION:

COMPANY NAME:

PHONE

NUMBER _____

CONTRACTOR/DESIGNER LICENSE #

ESTIMATED START

DATE _____

ESTIMATED COMPLETION

DATE _____

COLOR SCHEMES

ROOFING _____

WALLS _____

FENCING _____

(PLEASE SUBMIT SAMPLES WITH APPLICATION)

APPLICANT

SIGNATURE _____

DATE _____

