Copper Hills HOA

Architectural Control Committee – Design Review Request Form

Date Submitted:	Target Start	Date:	Copper
Homeowner Name:			Hills
Property Address:			
Phone Number:	Email:		
Complete Description of Pla	anned Project (attach addi	itional information as needed)	:
Homeowner signature			
NOTE: All projects MUST be	•		
	• • •	ation facilitates processing):	
 Drawing and/or map with dimensional details Product brochure and/or picture Sample materials Paint/stain color chips, roof color sample 			oof color sample
	·		on the side of your home for review
Submit this form electronic	ally to: CopperHillsACC@g	gmail.com	
Submit this form by mail to	: Copper Hills HOA, Archite	ectural Control Committee, PO	Box 5531, Canton, GA 30114
	Please allow up	to 3 weeks for process	ing
Date ACC received:	Received via:	Date routi	ng began:
Approved. Looking forv	vard to seeing the finished	I project. Thanks for investing i	in our neighborhood!
Approved with the follo	owing conditions:		
ACC Member Signatures:			
Not Approved. Please r	esubmit with the following	g concerns addressed:	
Date Decision:	Notification Date:	via:	By:
Homeowner signature		ACC Member signatu	ire
Follow-up (if applicable):			