TRAIL RIDGE ASSOCIATION, INC.
ARCHITECTURAL CONTROL IMPROVEMENT REQUEST

Date Received: _____

Request Deadline: _____

Date Letter Sent: _____

Association Name: _____ Home Phone: _____

Homeowner Name: _____ Work Phone: _____

Address: _____

- ☐ Paint
- ☐ Patio Cover
- ☐ Window Replacement
- ☐ Deck/Patio
- ☐ Landscape
- ☐ Roof
- ☐ Basketball Backboard
- ☐ Driveway/ Sidewalk
- ☐ Fence
- ☐ Addition
- ☐ Other (please specify): _____

Describe Improvement:

Planned Completion Date: _____

I understand that I must receive approval from the Architectural Control Committee. I understand that ACC approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I agree to complete improvements promptly after receiving approval. I agree to comply with the governing documents as pertaining to this submittal.

Date: _____ Homeowners Signature: _____

ACC Action:

- ☐ Approved as submitted
- ☐ Approved subject to the following requirements:
- ☐ Disapproved for the following reasons:

Completion required by: _____

ACC Signature: _____ Date: _____