

Fill in Name of Association: _____

Architectural Change Request Form

Owners Name _____

Address _____

Daytime Phone _____

Change requested _____

Owner's Signature _____ Date _____

For Committee Use

Date Application Received _____

() Request approved () Request Denied () Referred to Board

Reason for referral _____

Committee Member Signature _____ Date _____

Committee Member Signature _____ Date _____

Note: ALL CHANGES WILL BE INSPECTED AFTER INSTALLATION TO MAKE SURE THEY WERE PROPERLY INSTALLED AND ARE IN COMPLIANCE.