

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.**