

REQUEST FOR ARCHITECTURAL COMMITTEE REVIEW

NAME _____

PHONE # _____

LOT # _____

EMAIL: _____

PROVIDE A DETAILED DESCRIPTION OF THE REQUEST

Type in the space below - when you are finished click outside of the area and it will fill in your text.

CONTRACTOR (if applicable) _____

CONTRACTOR PHONE(S) _____

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

Complete and attach this form with plans required, as specified in the Architectural Review Committee required document instructions.

Please allow sufficient time for your plan review.
While the committee will make every effort to review & provide a decision as soon as possible, the CCRs provides for a review period of up to 45 days.

OWNER SIGNATURE: _____

DATE: _____