AUTUMN RUN HOME OWNER'S ASSOCIATION

ARCHITECTURAL CONTROL COMMITTEE FORM REQUEST FOR ARCHITECTURAL CHANGE/ADDITION

WORK MA	Y NOT BEGIN UNTIL PROPER APPRO	OVAL IS GIVEN.
Owner(s) Name:	Date Submitted	:
Address:		
City:	State: ZipCod	de:
Contact Telephone Numb	er:	
paint or stain is involved in the pro		drawings, contractor plans and materials involved. If chip or swatch. Attach a Certificate of Insurance for r form must be submitted to the ACC.
		Attach Paint Chip/Swatch Here
	•	e for approval. Allow two weeks for
For your protection, inquire w		ency regarding required permits before starting
		CC is in no way a certification that the llations or that the structure complies with
	FOR ACC USE ONLY	
APPROVED: NO	YES Any Stipulations Listed Here	<u>.</u>
D I.V.		
Printed Name	Signature	Date
Printed Name	 Signature	