ARCHITECTURAL CONTROL COMMITTEE FORM REQUEST FOR ARCHITECTURAL CHANGE/ADDITION

This request is for _		Ass	ociation	
Work may <u>NOT</u> begin until prope	er approval is given.			
Date submitted:				
Owner Name(s):			_	
Address:			_	
City,	State	Zip		
Home phone	Work or alternate	phone		
		and any other information	that you are able to provide.	ctures of
The first of the contract of t	six (6) months, another forn	letion date		rtificate of
Important Note: Remember paper work is submitted. If this	r to allow the appropriate ti	me could be extended to 3 of the could be extended to 3 of the government agency re	O days. garding required permits	ks after all
Approval of any structure or archange/addition has been built i practice or design.	hitectural change/addition lin accordance with local rul	les and regulations or that	n no way a certification that the the structure complies with a	ny building
Approved Denie	d	Date		
Approved with stipulations? Ye If so, listed are the stipulations_				
Signature	Si	gnature		
Printed Name	Pı	rinted Name		

ACC Form