

Unit Address _____

5. Will the proposed project extend beyond your property line?

YES ___ NO ___

If YES, please provide the name and address of the affected homeowner below.

Name: _____ Address: _____

6. If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information:

- A. Blueprints or working drawings indicating all necessary dimensions and elevations.
- B. If available, a photograph or drawing of a similar completed project.

*****NOTE: A PLOT PLAN INDICATING THE LOCATION AND DIMENSIONS OF THE PROJECT MUST BE INCLUDED FOR ANY ARCHITECTURAL CHANGE REQUEST.**

YOUR PLANS WILL BE RETURNED TO YOU IF A PLOT PLAN IS NOT INCLUDED.

7. Project schedule:

- A. The project will be done by: ___ Homeowner
 ___ Contractor(s)
 ___ Both

Contractor
Name: _____ Phone: _____

B. Please indicate the approximate time needed to complete the project, subsequent to the committee approval _____.

C. Please indicate any building permits that will be required.

**NOTE: All submitted materials shall remain the property of the Association.
You may wish to make a copy for your personal records.**

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the Committee.

Homeowner's Signature: _____

Unit Address _____

_DO NOT WRITE ON THIS PAGE

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Committee Action:

- Approved as submitted**
- Deferred**
- Additional information required:**

- Other:**

- Denied**

Comments:

Authorized Signature(s): _____

Date: _____