

Architectural Improvement Application and Review Form

Name of Community _____ Date _____
Unit Owner _____ Phone _____
Unit Address _____

NATURE OF IMPROVEMENT _____

COLOR (if applicable) _____
LOCATION (if applicable) _____
DIMENSIONS (if applicable) _____
CONSTRUCTION MATERIAL (if applicable) _____

SUPPLIER _____ APPROX. COST _____
(A sketch of all improvements must be attached to the application to show location)

Send to _____
Address _____

Date Submitted _____ Signed _____

For Internal Use Only

Date Received _____ Date Inspected _____ Inspected By _____

Approved on _____ Disapproved on _____

Reason for disapproval _____

Committee Chairperson _____ Date _____

Board President _____ Date _____