REQUEST FOR APPROVAL – ARCHITECTURAL CONTROL COMMITTEE

	НОА:		
Send this form to:		Association	
		ent Corp., 6795 E. Tennessee Ave., Sui	
NAME:			
ADDRESS:			
HOME PHONE:		WORK PHONE:	
EMAIL ADDRESS:			
My request refer	to the following type	s of improvements(s): (check all t	hat annly)
• •	I Hoop/Backboard		Sauna/Hot Tub
Deck/Pat	o Slab	Painting	Shed/Greenhouse
Deck/Pati Dog Run/			Walls – Retaining Other
Fencing		Swimming Pool	Other
Apt	line/fencing/neighbor, p proval is based on conform	include height, width, depth, types of mate paint sample, and other information pertin <u>mance with the Declaration of Covenants,</u> structural integrity. Drainage issues and e	ent to the request.
I understand the ap understand that app may require prior ap opinions and/or certi	exterior changes and sho proval of the Architectura roval by the ACC does no provals. I understand I n fications. I agree to comp	al Control Committee must be obtained ot constitute approval by the local buildin nay be required to obtain permits, licens lete all improvements as they are submitt	tion of any materials. before I can proceed with my project ng department or any other agency whi es, pay fees or obtain other profession ted and understand that I must submit r
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