

ARCHITECTUAL CONTROL APPLICATION

NAME	MEPHONE #								
ADDRESS									
E-MAIL ADDRESS									
Type of work or Pr	roject:								
Roofing	Painting	Garage Door	Fence	Windows					
Shed	Deck	Gutters	Landscape	Gazebo					
Driveway	_ Sidewalk	Play Equipment	_ Patio	_ Front Door					
Home Structure	Irrigation	Garden Pond	_ Satellite Dish _						
Other									
Roof Shingles Manufa	Roof Shingles Manufacture, Type, and Color								
Paint Colors Body									
<u>*</u>	Brief Description of Project								
Contractor Name or Se	elf Project								
Permit Pulled Yes No (Permits are required for most home improvement projects. Lack of proper permits could affect resell or insurability. Check with the regional building department #327-2880).									
		Tonus outland arp	7 2000).						
Signature of Applicant			_ Date						
Received By			Date						
Approved	Disapproved	Sent to full Box	ard						
Signature of ACC Cha	irman		_ Date						
Attach copies of all Pla	ans, photo, Paint Sam	ples, or other information that	will expedite approval of	your project.					

The ACC is given 30 days to approve your application. The process usually takes 10-14 days. Make sure you submit your application well in advance to allow for the appropriate time. The Board reserves the right to modify the project after completion based on visual impact.