TO BE DISPLAYED IN A FRONT WINDOW BEFORE WORK COMMENCES

ARCHITECTURAL APPLICATION/PERMIT

PLEASE PRINT

Name of Homeowner(s):_____ Date:_____

Address:_____ Phone:_____

DESCRIPTION OF PROJECT (Use Additional Sheet if Necessary)

_____

_____

_____

_____

_____

_____

By the signature(s) below, the homeowner(s) attest that the information contained in this "Architectural Application/Permit is true and accurate with respect to everything that is represented and outlined. The homeowner(s) further agrees to abide by the Deed Restrictions/Architectural Rules & Regulations. The homeowner(s) fully understand that non-compliance to the specifications in this approved application may result in fines, legal action, and/or the requirement to move, alter or remove structures or other alterations to property at the homeowner's expense and within the timeframe as specified.

_____
Homeowner's Signature Printed Name Date Signed

_____
Homeowner's Signature Printed Name Date Signed

Approved by:_____ Date:_____

_____Date:_____

_____Date:_____

ARCHITECTURAL APPLICATION/PERMIT (Cont.)

Desired Start Date:_____ Est. Completion Date:_____

Preliminary Work Required:_____

_____

Name of Contractor (if Applicable):_____

Special Considerations, If Any:_____

PROGRESS CHECKLIST (As Applicable)
(Date and Initials of Committee Member)

1. Inspection & Meeting with Homeowner:_____
2. Notice of Corrections Needed/Work Stops:_____
3. Signed Notice of Corrections Needed from Homeowner:_____
4. Homeowner Review With President & Chairman:_____
5. Date of Work Re-Start:_____
6. Final Inspection and Approval:_____

Regional
Director:_____Date_____