

## ARCHITECTURAL CONTROL COMMITTEE REQUEST FORM

NAME	DATE
ADDRESS	PHONE
I/We hereby request permission to make the following impr	
Please attach available photo(s), brochure(s) or drawing(s) of a complete description of materials to be used, including connecessary physical survey showing existing home and proposunderstand that approval by the Association is required pricand appropriate permits and/or licenses must be obtained City/State/Federal Codes and Ordinances.	olors when applicable, and copies of any osed location of improvement/addition. I or to initiating the improvement/addition
(To be completed by ACC/Asso	ciation only)
The above request has been:	
Approved as submitted	
Approved with the following conditions	
	•••••••••••••••••••••••••••••••••••••••
Rejected as noted	••••••••••
See attached sheet/back of this page for further detail	ls.
By	Date
	_
	Date

Please return completed form to the address or fax number below or email to: <u>asmith@theselectgroup.us</u>