

APPLICATION FOR REPAINTING

ARCHITECTURAL REVIEW COMMITTEE (ARC)

THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO COMMENCEMENT OF ANY IMPROVEMENTS, CHANGES, ETC.

DATE: RECEIVED BY MGMT:		CEIVED BY MGMT:	
NAME:	HOME PHONE:	WORK/CELL:	
ADDRESS:		CELL PHONE:	
	w and approval of the following described be a part of this review. You must provide a	improvements. Anything not listed here and not clearly shown a phone number.	on
DESCRIPTION OF PROPOSED	IMPROVEMENTS:		
	following required items must be submitte neme from the Association's approved Pain		
If application is incomplete, the refurther considered until receipt of		needed documents or information and the application will not be	е
		ovement that I may or my licensed contractor may accomplish bility for all future maintenance of this addition and/or improve	
Homeowner's Signature	Date		
SATELLITE DISH IN	STALLATIONS MUST INCLUDE INSTA	ALLER NAME AND LOCATION OF INSTALLATION.	
	FOR ARCHITECTURAL CO	MMITTEE USE ONLY	
DISAPPROVED (Th	BMITTED CONDITIONS (The request submitted is a page of the control		
submit to management).	KWATION (The request does not have eno	agn mormation. I lease concet the requested mormation and	