## ARCHITECTURAL CONTROL COMMITTEE (ACC) REQUEST FORM

Date Submitted:	itted: Address:									
Owner Name: Cell:										
Email:					o 8 8 1					
Briefly descried	the alteration,	improvement	or general	l work	to	be	done	(use	back	if
needed):										
										_
Vendor:		Tele:								
	Approx. Cost:									
	NDOR INSURA				_					_
will clearly expl copy of your lot area or neighbor for routing to At Any project that of work. Any wallow at least 5 Work hours are projects. NO du	It affects the externork started before working days for 8 am to 7 pm Numpsters allowed at from property	this project, inc an if needed. Be aint samples mu erior of your hom re ACC approva r approval or oth Monday – Saturo I on Willow Walk nightly.	lude dimens e sure your p st be delivere e must have I may be sto ner ACC resp lay only. <u>NO</u> property. Al	sions ar project d ed direc e ACC a opped o ponse. o Sunda I work v	nd he oes N tly to pprov r ask y wor ehicle	eight NOT ACC val p ed to rk ho	(if app encroad or to a erior to be re- ours for railers,	olicable ach on a Board comme emoved	e). Use Comm d member encements i. Plea or or lo	e a lon bei ent lise
Front/Back/S	Side(s) of Unit sed Yard of Unit	Roof of UnitGarage of						Jnit		
MATERIALS: Paint/Stain Color(sLumber	s) <b>Sample MUS1</b> Pipe	<b>be attached</b> Electrical	Br	rick	S	Scree	en		Fend	 e
If approved, I agredays of approval improvement and applicant, the unit/lesignature of Owne	date, and furth attachments the house owner.	ner agree that	all maintena erformed at	ance, r the ex	epair oense	an e an	d repla	aceme onsibil	nt of t ity of t	he
ACC USE ONLY										—
Comments:										_