

ARCHITECTURAL CONTROL COMMITTEE (ACC) REQUEST FORM

Date Submitted: _____ Address: _____

Owner Name: _____ Cell: _____

Email: _____

Briefly describe the alteration, improvement or general work to be done (use back if needed): _____

Vendor: _____ Tele: _____

Contact person: _____ Approx. Cost: _____

COPY OF VENDOR INSURANCE CERTIFICATE IS REQUIRED WITH ACC REQUEST

Please include a sketch, photo, drawing, brochure, etc. that will clearly explain and identify this project, include dimensions and height (if applicable). Use a copy of your lot survey or floorplan if needed. Be sure your project does NOT encroach on Common area or neighboring property.

Any project that affects the exterior of your home must have ACC approval prior to commencement of work. Any work started before ACC approval may be stopped or asked to be removed. Please allow at least 5 working days for approval or other ACC response.

ACC Requests MUST be submitted by homeowner, not vendor.

LOCATION OF IMPROVEMENT:

____ Front/Back/Side(s) of Unit ____ Roof of Unit ____ Garage of Unit
____ Patio/Enclosed Yard of Unit ____ Other (explain): _____

MATERIALS:

Shingle Color: _____ Paint/Stain Color(s) ***Sample MUST be attached***

____ Lumber ____ Pipe ____ Electrical ____ Brick ____ Screen ____ Fence

If approved, I agree to build and install the improvement in accordance with this application within 90 days of approval date, and further agree that all maintenance, repair and replacement of the improvement and attachments thereto shall be performed at the expense and responsibility of the applicant, the unit/house owner.

____ RETURN TO: ACCREQUEST@WILLOW-WALK.COM

Signature of Owner

ACC USE ONLY Approved _____ Denied _____ Date _____ By _____

Comments: _____
