

Contractor: _____

Contractor Address: _____

Certificate of Insurance Included: **YES / NO** Occupational/Contractor License #: _____

HOMEOWNER
PRINTED NAME: _____ TEL #: _____

STREET ADDRESS: _____ LOT #: _____

EMAIL ADDRESS: _____

SIGNATURE
OF HOMEOWNER: _____ DATE SUBMITTED: _____

For use by Architectural Standards Committee Chair:

{ } Date Recommended by Architectural Standards Committee: _____

ASC Members' Initials & Date: _____

{ } Date Approved by Board of Directors: _____

{ } NOT APPROVED FOR THE FOLLOWING REASON:

For Use by ASC for Notations-----

Date Received:

Spoke with Homeowner on Date & Time:

Specifications Needed/Received:

Location:

Nature/Kind:

Color:

Material:

Shape/Height: