

HUNT RIDGE HOMEOWNERS ASSOCIATION
REQUEST FOR ARCHITECTURAL REVIEW

----BLDG. PLANS

----PERMIT

----SPECIFICATIONS

----COLOR SAMPLES

----PHOTOS

NAME----- TEL # -----

ADDRESS-----

PROVIDE A BRIEF DESCRIPTION OF ADDITION, ALTERATION,IMPROVEMENT OR PLAN

---- WORK TO BE DONE BY HOMEOWNER

ALL APPROVALS FOR IMPROVEMENTS OR MODIFICATIONMS OF THE PROPERTIES ARE VALID FOR SIX MONTHS FROM THE DATE OF APPROVEL, AND MUST BE COMPLETED BEFORE EXPIRATION. ALL NECESSARY PERMITS MUST BE OBTAINED, AND ANY CONSTRUCTION MUST BE TO CODE. ALLOW 30 DAYS FOR REVIEW.

START DATE-----
DATE-----

COMPLETION

CONTRACTOR-----

CERT OF INS.

ADDRESS-----

LICENSE # -----

I HAVE READ THE COVENANTS AND RESTRICTIONS OF THE ASSOCIATION AND AGREE TO ABIDE BY SUCH COVENANTS AND RESTRICTIONS. **NO WORK SHALL BE COMMENCED WITHOUT APPROVAL OF THE ASSOCIATION. Remit this form to architectural committee member**

DATE -----

SIGNATURE-----

APPROVED BY ----- YES ---- NO----

APPROVED BY ----- YES---- NO ----

APPROVED BY ----- YES---- NO ----

