

Architectural Improvement Application and Review Form

Unit Owner _____ Date _____

Address of Unit _____ Phone _____

Nature of Improvement _____

Color (if applicable) _____

Location (if applicable) _____

Dimensions (if applicable) _____

Construction Material (if applicable) _____

Supplier _____ Approximate Cost _____

(A sketch of all improvements must be attached to the application to show location and dimensions.)

Send to _____

Address _____

Date Submitted _____ Signed _____

For Internal Use Only

Date Received _____

Inspected on _____ Inspected by _____

Approved on _____ Disapproved on _____

Reason for Disapproval _____

