

ADDENDUM II

APPLICATION FOR THE MODIFICATIONS TO AN EXISTING RESIDENCE

Lot	MEMBER	DATE
		ONTRACTOR:
PHONE:		
REVIEW FEE (IF REQUIRED): □ _	RECEIVED DATE:	
MODIFICATION/IMPROVEMENT	request:	
☐ PLOT PLAN/DRAWING - DIM	MENSIONS (PROPERTY LINE & BLI	OG ENVELOPE) COLOR/MATERIALS CUT
SHEET/SAMPLES ELEVATIO ATTACHMENTS/SUBMITTAL SA		-
MEMBER(S) SIGNATURE (S) Review Committee Comments: □	APPROVED □NOT APPROVED	chitectural Guidelines, Requirements & Restrictions
	Date	
inspection.	E ABOVE IMPROVEMENT IS COM	email or by returning this form, to request a final
□ PLEASE CALL TO SCHEDULE A	AN APPOINTMENT □ IT IS NOT NECE	SSSARY TO SCHEDULE AN APPOINTMENT
RESULTS: □APPROVED □NOT	APPROVED Representative	
Signature	Date	
Comments:		
	ADED DEGLEGATE A CODY OF THE CO	

☐ BY CHECKING THIS BOX, MEMBER REQUESTS A COPY OF THE COMPLETED INSPECTION

 ${\tt EMAIL~SUBMITTAL/QUESTIONS~TO:~ARC~CHAIR-Renee~Speiss-reneespiess@hotmail.com}$