

ARCHITECTURAL REVIEW COMMITTEE **ARCHITECTURAL CONTROL APPLICATION**

*In Accordance with the Architectural Review Committee Rules, please submit a description of the planned improvement project. **Please be specific**, include the dimensions, materials, color samples, plans and specifications. Also include Plat map or Google Earth Printout of Plat.*

Name: _____

Address: _____

Phone: _____ Date of Submission: _____

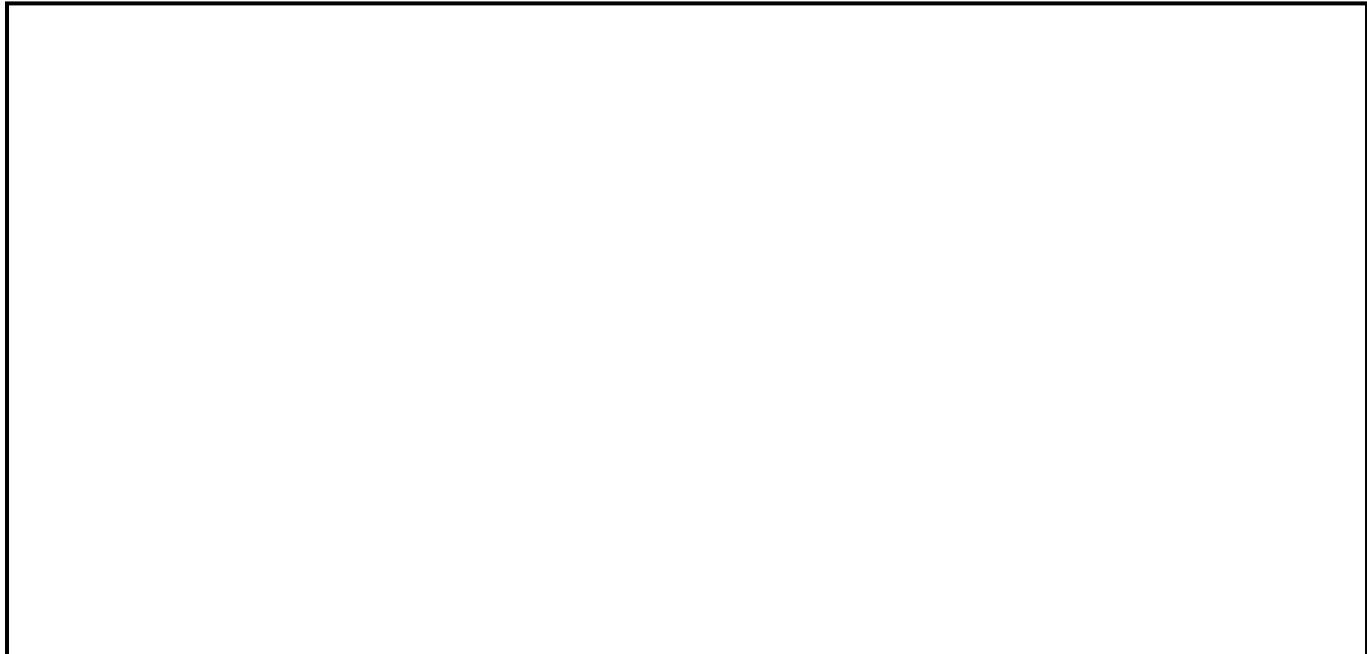
Proposed Start Date: _____

Anticipated Completion date: _____

Proposed Improvements:

Contractor: _____

(Plan of Lot showing improvement location, dimensions, & description)



Applicant Signature: _____