

COVINGTON RIDGE HOMEOWNERS ASSOCIATION
REQUEST FOR ARCHITECTURAL CHANGE/ADDITION
WORK MAY NOT BEGIN UNTIL PROPER APPROVAL IS GIVEN

Date Submitted: _____

Owner Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

I have read the CRHOA covenants and believe that my request is in compliance with these covenants. Yes ____ No ____.

Description and EXACT LOCATION of Improvement proposed: (please include architectural drawings, sketches, pictures, contractor specifications, site plans, materials list, etc. if applicable):

Proposed Start Date: _____ Proposed Completion Date: _____

NOTE: Remember to allow the appropriate time for approval. The Architectural Review Committee may take up to Forty-Five (45) days to review plans and specifications.

This form should be returned to a member of the CRHOA ACC Board.

ARCHITECTURAL CONTROL COMMITTEE REVIEW ACTION

Date Received: _____ Date Reviewed: _____

Approved Conditional Approval* Denied*

* Explanation _____

Approved By: _____