

ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

Note: To avoid delay, make request as complete as possible or it will be returned for more information or denied as appropriate. Deed restrictions specify that approval must be obtained prior to construction.

Homeowner Name:					
Property Address:					
Mailing address (if different):					
Phone:	E-mail:				
Describe Modification/I	mprovement Project, including dimensions, location and materials involve	ed			

THE FAIRWAY OF HEATH CROSSING HOA ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW

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Was the City of H Will modification	red the Declarations of CC& leath contacted about necess /improvement be visible fro equire temporary removal or	ary permits? YE m the street in front of home?	YES NO S NO YES NO YES NO	
Preferred Project	start date:	Estimated completion date:		
Name, address, ph	none number(s) of Contracto	or(s) performing work:		
Attach copy of pla Additional landsca	nt survey indicating where naping must indicate name of	ings for any added structures nodification/improvement will or plants or trees to be added ication and acknowledging inform		
Owner's Signature	submitting completed appr	leation and acknowledging infor	mation is correct.	
Property Address				
Homeowners Signature		Dat	Date	
This application n	nust be scanned and attached	d to an email to:		
Email: Dale@Leg	acysouthwestpm.com			
ACC Decision (ci		ACC Committee Use Only)		
ACC Decision (ci	rcie one):			
APPROVED	DISAPPROVED	DENIED PENDING MO	RE INFORMATION	
ACC Authorized Signature:Reasons or Conditions:		Date:		