



## **Requesting Homeowner Information:**

Name:	Date:				
Kelly Address:	Lot Number:				
Description of Proposed Changes:					
Signature:	Date:				

Please provide a site plan of the changes to be made, as well as a photo/sample of the material to be used in your hardscape areas. Please note the ABC Zones for your parcel in the site plan.







## For Administrator Use Only

Received:							Processed:			
Site Visit:							AR	C Meeting:		
Fee: □ \$	0		\$150		\$300				Paid:	
Inspection R	equired:		Yes		No	Fee:		\$355	Paid:	
Compliance	Deposit:		\$500						Paid:	
Results:	Approv	ved		Denie	d					
Reasoning:										
Recommendation:										
ARC Administrator:									Date:	
AING Adminis	strator.								Date.	
Appealed:	□ Ye	es		No	Date:				ARC Meeting:	
Results: □	Approv	ved		Denie	d					
Reasoning:										
Recommendation:										
ADC Adminis	otrotor:								Doto	
ARC Administrator:									Date:	

