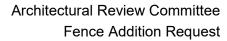




## **Requesting Homeowner Information:**

Name:	Lot Number:				
Kelly Address:					
Contact #:					
Description of Proposed Changes:					
Signature:	Date:				
	be made, as well as a photo/sample of the material to be must align in the shadow of the house and stay within the				







## For Administrator Use Only

Received:							Pro	cessed:	
Site Visit:							AR	C Meeting:	
Fee: □ \$0	)	<b>-</b> :	\$150		\$300				Paid:
Inspection Re	equired:	□ '	Yes		No	Fee:		\$355	Paid:
Compliance [	Deposit:		\$500						Paid:
Results:	Approve	ed		Denie	d				
Reasoning:									
J									
Recommenda	ation:								
ARC Administrator:								Date:	
AITO Adminis	trator.								Date.
Appealed:	□ Yes	s		No	Date:	-			ARC Meeting:
Results:	Approve	ed		Denie	b				
Reasoning:									
Recommenda	ation:								
ARC Adminis	trator:								Date:
A TO AUTIIIII	tiator.								<u> </u>

