## THE CLIFFS AT SUNRISE HOME APPLICATION FORM

## IRONHORSE ARCHITECTURAL CONTROL COMMITTEE

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GENERAL INFORMATION					
Submission Date:	Type of Review: Sket	ch Final	Resubmitted		
Lot #:	Street Address:				
Applicant Information					
Name:	Company Name:				
Contact Phone:	Email Address:				
Address:					
Builder/Architect Info	RMATION				
Contact:	Company(ies):				
Phone:	Email Address:				
Project Information Submit A	rchitectural Control Fe Itonhorse Proj			n made out to	
Total Square Footage of Home:		Total S	quare Footage o	f Main Level: _	
Allowable Maximum Height: _		# of Sto	ories:		
Roof Type and Color:		Exterio	r Color(s):		
Intended Starting Date:		Emerge	ncy Contact (na	me & cell):	
Window Colors:		Other (	Questions:		
Applicant(s)					
Name:	_ Signature:			Date:	
Name:	Signature:			Date:	