REQUEST FOR ARCHITECTURAL CHANGE APPLECROSS COUNTRY CLUB ARCHITECTURAL COMMITTEE

Date:	
	(Classic, Estate, Carriage, Town, etc.)
Owner (s):	Address:
Phone # (work):	(home):
E-Mail Address:	
Descriptions and Spec	ifications:
(Please continue o	n another piece of paper if needed & remember to include your diagram)
Work to be completed by	y: (Contractors Name)
1	(Contractors Name)
All work performed, end Board of Directors. All with an As-built Plan p	her by a contractor or a homeowner, must receive prior approval from the contractors or homeowners are responsible to familiarizing themselves for to commencement of requested work. As part of the approval, the it an Insurance Certificate of Liability before the work is started.
and upkeep (replacement	e agree to be totally responsible for the entire installation, maintenance at, insurance, etc.) for the above request, if approved. This agreement will element of sale that I/we may enter into for the above-mentioned unit.
Date:	Signature:
Date:	Signature:
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Date Submitted to the Archi Date Submitted to the Board	ectural Committee: Approved: Y N Date: Of Directors: Date Rejected:
Notification was made Notification was made	of Directors: Date Rejected: on: in the form of a oy: