

LAKE ARBOR FAIRWAYS ARCHITECTURAL CONTROL
Request Form

Date App. Received Date of Approval Approved Subject to Below Date of Inspection

ACC Member Signature _____ Date _____

Homeowner Name _____ Email _____

Address _____

Mailing Address _____

_____ IMPROVEMENT _____ DESIGN CHANGE _____ ATTACHMENT INCLUDED

Request Description/Notes: _____

I/We understand that approval of the Architectural Control Committee is required in advance to proceed. I/We understand that the ACC approval does not constitute approval of the local City/County building departments and that a Building Permit may be required. I/We agree to complete all proposed improvements after receiving ACC approval. Any delay in such completion will be reported to the ACC. I/We have read these instructions and shall comply. **Confirmation of receipt within 72 hours, excluding weekends and holidays.**

Homeowner Signature _____ Date _____

ACC Notes/Action: _____

Return to Trinity Team Community Manager, Trina Luebke @ 720 229-7699, email trina@trinityteamre.com, FAX @ 720 407-7277.