

**FOUR SEASONS ARCHITECTURAL CONTROL
REVIEW APPLICATION**

LOT #: _____ DATE OF APPLICATION: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

ADDRESS OF PROPERTY TO BE CHANGED: _____

TELEPHONE: Home _____ Cell: _____

REASON FOR REQUEST: _____

DESCRIPTION OF PROPOSED IMPROVEMENT/CHANGE: _____

COLOR SCHEME OF YOUR DWELLING: _____

COLORS TO BE USED FOR PROPOSED IMPROVEMENT/CHANGE: _____

DIAGRAM OF YOUR LOT AND ADJACENT LOTS:

Owner(s) Signature(s): _____

APPLICATIONS MUST BE APPROVED IN WRITING BEFORE PROPOSED IMPROVEMENT/CHANGE TO PROPERTY MAY BE MADE. No automatic approval of a submitted ACC application can be assumed.

BOARD OF DIRECTORS USE ONLY: Date Received:

Committee Action: _____ Date of Action _____

Conditions or Comments:

BOARD OF DIRECTORS REPRESENTATIVE