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ARCHITECTURAL IMPROVEMENT

APPLICATION AND REVIEW FORM

Unit Owner _____ Date _____

Address of Unit _____ Phone _____

Nature of Improvement _____

Color (if applicable) _____

Location (if applicable) _____

Dimensions (if applicable) _____

Construction Material (if applicable) _____

Supplier _____ Approximate Cost _____ Contractor(s) _____

The plans and specifications showing the nature, kind, shape, height, materials and location of same must be attached to this application. If approved, I agree to build in accordance with this application and the attached plans and specifications.

Signed _____

FOR INTERNAL USE ONLY

Date Received _____ Inspected on _____

Inspected by _____ Approved on _____

Disapproved on _____ Copy sent on _____

Remarks _____
