

SOUTHERN WOODS WEST HOA
ARCHITECTURAL IMPROVEMENT APPLICATION
REVIEW & REQUEST FORM

Date of Request: _____

Homeowner Name: _____

Homeowner Address: _____

Nature of Improvement: _____

Location – Dimensions – Color (if applicable): _____

Construction Material (if applicable): _____

Name of Contractor: _____

The plans and specifications showing the nature, kind, shape, height, materials and location of same must be attached to this application with a copy of your plat, and all signature blanks must be complete. If approved, I agree to build in accordance with this application and the attached plans and specifications.

Homeowner Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

Please continue on page 2

Neighbor # 1 Comments:

Name(s): _____

Address: _____

If approved, I (or we) have no objection to the above listed homeowner building in accordance with this application and the attached plans and specifications.

Signature: _____ Date: _____

Signature: _____ Date: _____

Neighbor # 2 Comments:

Name(s): _____

Address: _____

If approved, I (or we) have no objection to the above listed homeowner building in accordance with this application and the attached plans and specifications.

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM TO ARC@swwhoa.com FOR APPROVAL.

THIS SECTION FOR INTERNAL USE ONLY
ARCHITECTURAL REVIEW COMMITTEE APPROVAL

Date approved: _____ Signature: _____

Signature: _____

Signature: _____

Signature: _____

ARCHITECTURAL REVIEW COMMITTEE DENIAL

Date denied: _____ Reason(s) denied: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____