

FALLEN LEAF HOA
Professionally Managed by:
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APPLICATION TO FALLEN LEAF ARCHITECTURAL REVIEW COMMITTEE
**** NOTICE – NO IMPROVEMENTS SHALL COMMENCE UNTIL WRITTEN**
APPROVAL IS RECEIVED FROM THE COMMITTEE **

DATE: _____

NAME: _____

ADDRESS _____

TELEPHONE CONTACT INFORMATION _____

DESCRIPTION OF ITEM BEING REQUESTED

ITEM _____

MATERIAL _____

COLOR _____

SIZE _____

LOCATION _____

ANY OTHER EXPLANATION _____

****This application must be accompanied with a map clearly identifying the item(s) requested. Brochures and photos are also helpful. ****

Plans Approved: _____

Plans Denied: _____

Notes: _____

Signed By: _____

Date: _____

Signed By: _____

Date: _____